

## ATTACHMENT A

FY2005 Ryan White Title I Regional Grant

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### APPLICANT PROFILE

**RFA #1001-04**

**APPLICATION**\_\_\_\_\_

**ORIGINAL**\_\_\_\_\_

**OR**

**OR**

**ASSURANCE PACKAGE**\_\_\_\_\_

**COPY**\_\_\_\_\_

**Organization Name:** \_\_\_\_\_

**Name of Service Area:** \_\_\_\_\_ (**MAI** \_\_\_\_\_ **Rural** \_\_\_\_\_)  
Check one if applicable

#### TYPE OF ORGANIZATION

For-Profit Organization \_\_\_\_\_ Non-Profit Organization \_\_\_\_\_ Other \_\_\_\_\_  
(Please specify)

**Contact Person:** \_\_\_\_\_

**Organization Address:** \_\_\_\_\_

\_\_\_\_\_

**Phone:** \_\_\_\_\_

**Fax:** \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

#### BUDGET

**Total Funds Requested:** \$ \_\_\_\_\_

**Signature of Authorized Official:** \_\_\_\_\_



**GOVERNMENT OF THE DISTRICT OF COLUMBIA  
Office of the Chief Financial Officer**



**Certifications Regarding  
Lobbying; Debarment, Suspension and Other Responsibility  
Matters; and Drug-Free Workplace Requirements**

Applicants should refer to the regulations cited below to determine the certification to which they are required to attest. Applicants should also review the instructions for certification included in the regulations before completing this form. Signature of this form provides for compliance with certification requirements under 28 CFR Part 69, "New Restrictions on Lobbying" and 28 CFR Part 67, "Government-wide Debarment and Suspension (Non-procurement) and Government-wide Requirements for Drug-Free Workplace (Grants)." The certifications shall be treated as a material representation of fact.

**1. LOBBYING**

As required by Section 1352, Title 31 of the U.S. Code. and implemented at 28 CFR Part 69, for persons entering into a grant or cooperative agreement over \$100,000, as defined at 28 CFR Part 69, the applicant certifies that:

- (a) No Federally appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the making of any Federal grant, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal grant or cooperative agreement;
- (b) If any funds other than Federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal grant or cooperative agreement, the undersigned shall complete and submit Standard Form - III, "Disclosure of Lobbying Activities," in accordance with its instructions;
- (c) The undersigned shall require that the language of this certification be included in the award documents for all sub awards at all tiers including subgrants, contracts under grants and cooperative agreements, and subcontracts) and that all sub-recipients shall certify and disclose accordingly.

**2. Debarment, Suspension, And Other Responsibility Matters (Direct Recipient)**

As required by Executive Order 12549, Debarment and Suspension, and implemented at 28 CFR Part 67, for prospective participants in primary covered transactions, as defined at 28 CFR Part 67, Section 67.510—

**A. The applicant certifies that it and its principals:**

- (a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, sentenced to a denial of Federal benefits by a State or Federal court, or voluntarily excluded from covered transactions by any Federal department or agency;
- (b) Have not within a three-year period preceding this application been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
- (c) Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local with commission of any of the offenses enumerated in paragraph (1)(b) of this certification; and
- (d) Have not within a three-year period preceding this application had one or more public transactions (Federal, State, or local) terminated for cause or default; and

**B. Where the applicant is unable to certify to any of the statements in this certification, he or she shall attach an explanation to this application.****1. Drug-Free Workplace (Grantees Other Than Individuals)**

As required by the Drug Free Workplace Act of 1988, and implemented at 28 CFR Part 67, Subpart F. for grantees, as defined at 28 CFR Part 67 Sections 67.615 and 67.620—

**A. The applicant certifies that it will or will continue to provide a drug-free workplace by:**

- (a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
- (b) Establishing an on-going drug-free awareness program to inform employees about—
  - (1) The dangers of drug abuse in the workplace;
  - (2) The applicant's policy of maintaining a drug-free workplace;



- (3) Any available drug counseling, rehabilitation, and employee assistance programs; and**
- (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;**
- (c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a);**
- (d) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will—**
  - (1) Abide by the terms of the statement; and**
  - (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;**
- (e) Notifying the agency, in writing, within 10 calendar days after receiving notice under subparagraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title to: Department of Health, HIV/AIDS Administration,, 717 14<sup>th</sup> St., NW, Suite 1200, Washington, DC 20005. Notice shall include the identification number(s) of each effected grant;**
- (f) Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph (d)(2), with respect to any employee who is so convicted—**
  - (1) Taking appropriate personnel action against such an employee, up to and incising termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or**
  - (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;**
  - (3) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (1), (c), (d), (e),. and (f).**
- B. The applicant may insert in the space provided below the sites) for the performance of work done in connection with the specific grant:**

**Place of Performance (Street address, city, county, state, zip code)**



**Drug-Free Workplace (Grantees who are Individuals)**

**As required by the Drug-Free Workplace Act of 1988, and implemented at 28 CFR Part 67, subpart F, for grantees as defined at 28 CFR Part 67; Sections 67.615 and 67.620—**

- A. As a condition of the grant, I certify that I will not engage in the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance in conducting any activity with the grant; and**
- B. If convicted of a criminal drug offense resulting from a violation occurring during the conduct of any grant activity, I will report the conviction, in writing, within 10 calendar days of the conviction, to:**

**Department of Health, HIV/AIDS Administration, 717 14<sup>th</sup> St., NW, Suite 1200,  
Washington, DC 20005.**

**As the duly authorized representative of the applications,**

**I hereby certify that the applicant will comply with the above certifications.**

**1. Grantee Name and Address**

\_\_\_\_\_  
**2. Application Number and/or Project Name**

\_\_\_\_\_  
**3. Grantee IRS/Vendor Number**

\_\_\_\_\_  
**4. Typed Name and Title of Authorized Representative**

\_\_\_\_\_  
**5. Signature**

\_\_\_\_\_  
**6. Date**



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**FEDERAL ASSURANCES FORM**

The applicant hereby assures and certifies compliance with all Federal statutes, regulations, policies, guidelines and requirements, including OMB Circulars No. A-21, A-110, A-122, A-128, A-87; E.O. 12372 and Uniform Administrative Requirements for Grants and Cooperative Agreements - 28 CFR, Part 66, Common Rule, that govern the application, acceptance and use of Federal funds for this federally-assisted project.

Also, the Application assures and certifies that:

1. It possesses legal authority to apply for the grant; that a resolution, motion or similar action has been duly adopted or passed as an official act of The applicant's governing body, authorizing the filing of the application, including all understandings and assurances contained therein, and directing and authorizing the person identified as the official representative of The applicant to act in connection with the application and to provide such additional information as may be required.
2. It will comply with requirements of the provisions of the Uniform Relocation Assistance and Real Property Acquisitions Act of 1970 PL 91-646 which provides for fair and equitable treatment of persons displaced as a result of Federal and federally-assisted programs.
3. It will comply with provisions of Federal law which limit certain political activities of employees of a State or local unit of government whose principal employment is in connection with an activity financed in whole or in part by Federal grants. (5 USC 1501, et. seq.).
4. It will comply with the minimum wage and maximum hours provisions of the Federal Fair Labor Standards Act if applicable.
5. It will establish safeguards to prohibit employees from using their positions for a purpose that is or gives the appearance of being motivated by a desire for private gain for themselves or others, particularly those with whom they have family, business, or other ties.
6. It will give the sponsoring agency of the Comptroller General, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the grant.
7. It will comply with all requirements imposed by the Federal-sponsoring agency concerning special requirements of Law, program requirements, and other administrative requirements.
8. It will insure that the facilities under its ownership, lease or supervision which shall be utilized in the accomplishment of the project are not listed on the Environmental Protection Agency's (EPA), list of Violating Facilities and that it will notify the Federal grantor agency of the receipt of any communication from the Director of the EPA Office of Federal Activities indicating that a facility to be used in the project is under consideration for listing by the EPA



9. It will comply with the flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973, Public Law 93-234-, 87 Stat. 975, approved December 31, 1976. Section 102(a) requires, on and after March 2, 1975, the purchase of flood insurance in communities where such insurance is available as a condition for the receipt of any Federal financial assistance for construction or acquisition purposes for use in any area that has been identified by the Secretary of the Department of Housing and Urban Development as an area having special flood hazards. The phrase "Federal Financial Assistance", includes any form of loan, grant, guaranty, insurance payment, rebate, subsidy, disaster assistance loan or grant, or any other form of direct or indirect Federal assistance.
10. It will assist the Federal grantor agency in its compliance with Section 106 of the National Historic Preservation Act of 1966 as amended (16 USC 470), Executive Order 11593, and the Archeological and Historical Preservation Act of 1966 (16 USC 569a-1 et. seq.) By (a) consulting with the State Historic Preservation Officer on the conduct of investigations, as necessary, to identify properties listed in or eligible for inclusion in the National Register of Historic Places that are subject to adverse effects (see 36 CFR Part 800.8) by the activity, and notifying the Federal grantor agency of the existence of any such properties, and by (b) complying with all requirements established by the Federal grantor agency to avoid or mitigate adverse effects upon such properties.
11. It will comply with the provisions of 28 CFR applicable to grants and cooperative agreements including Part 18. Administrative Review Procedure; Part 22, Confidentiality of Identifiable Research and Statistical Information; Part 42, Nondiscrimination/Equal Employment Opportunity Policies and Procedures; Part 61, Procedures for Implementing the National Environmental Policy Act; Part 63, Floodplain Management and Wetland Protection Procedures; and Federal laws or regulations applicable to Federal Assistance Programs.
12. It will comply, and all its contractors will comply with; Title VI of the Civil Rights Act of 1964, as amended; Section 504 of the Rehabilitation Act of 1973, as amended; Subtitle A, Title III of the Americans with Disabilities Act (ADA) (1990); Title IIX of the Education Amendments of 1972 and the Age Discrimination Act of 1975.
13. In the event a Federal or State court or Federal or State administrative agency makes a finding of discrimination after a due process hearing on the grounds of race, color, religion, national origin, sex, or disability against a recipient of funds, the recipient will forward a copy of the finding to the Office for Civil Rights, U.S. Department of Justice.
14. It will provide an Equal Employment Opportunity Program if required to maintain one, where the application is for \$500,000 or more.
15. It will comply with the provisions of the Coastal Barrier Resources Act (P.L 97-348), dated October 19, 1982, (16 USC 3501 et. seq.) which prohibits the expenditure of most new Federal funds within the units of the Coastal Barrier Resources System.

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Signature

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Date

*FY2005 Ryan White Title I Regional Grant*

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**Eligible Metropolitan Area (EMA) – Wide and District of Columbia  
Ryan White CARE Act, Title I  
Year 15 Request for Applications**

**STATEMENT OF APPLICATION RECEIPT**

ORGANIZATION NAME: \_\_\_\_\_

SERVICE CATEGORY NAME: \_\_\_\_\_  
(One Receipt per Service Category Application)

TOTAL FUNDING REQUEST:     \$\_\_\_\_\_

REPRESENTATIVE DELIVERING APPLICATION: \_\_\_\_\_  
(please print name)

**Statement of Application Receipt**

*This certifies that 1 original plus 5 copies were delivered to the District of Columbia Department of Health*

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Received by: \_\_\_\_\_  
(Signature of DOH Staff)

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**AFFIX TO “ORIGINAL” APPLICATION**

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**Eligible Metropolitan Area (EMA) – Wide and District of Columbia  
Ryan White CARE Act, Title I  
Year 15 Request for Applications**

**Date/Time Stamp:**

**STATEMENT OF APPLICATION RECEIPT**

ORGANIZATION NAME: \_\_\_\_\_

SERVICE CATEGORY NAME: \_\_\_\_\_

TOTAL FUNDING REQUEST:     \$\_\_\_\_\_

REPRESENTATIVE DELIVERING APPLICATION: \_\_\_\_\_  
(please print name)

**Statement of Application Receipt**

*This certifies that 1 original plus 5 copies were delivered to the District of Columbia Department of Health*

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Received by: \_\_\_\_\_  
(Signature of DOH Staff)

**RETURN TO APPLICANT**

*FY2005 Ryan White Title I Regional Grant*

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**Northern Virginia Regional Commission  
Ryan White CARE Act, Title I  
Year 15 Request for Applications**

**STATEMENT OF APPLICATION RECEIPT**

ORGANIZATION NAME: \_\_\_\_\_

SERVICE CATEGORY NAME: \_\_\_\_\_

TOTAL FUNDING REQUEST:        \$\_\_\_\_\_

REPRESENTATIVE DELIVERING APPLICATION: \_\_\_\_\_  
(please print name)**Statement of Application Receipt***This certifies that 1 original plus 5 copies were delivered to the offices of the Northern Virginia Regional Commission on*

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Received by: \_\_\_\_\_  
(Signature of NVRC Staff Member)**AFFIX TO "ORIGINAL" APPLICATION**

-----  
**Northern Virginia Regional Commission  
Ryan White CARE Act, Title I  
Year 15 Request for Applications**

Date/Time Stamp:

**STATEMENT OF APPLICATION RECEIPT**

ORGANIZATION NAME: \_\_\_\_\_

SERVICE CATEGORY NAME: \_\_\_\_\_

TOTAL FUNDING REQUEST:        \$\_\_\_\_\_

REPRESENTATIVE DELIVERING APPLICATION: \_\_\_\_\_  
(please print name)**Statement of Application Receipt***This certifies that 1 original plus 5 copies were delivered to the offices of the Northern Virginia Regional Commission on*

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Received by: \_\_\_\_\_  
(Signature of NVRC Staff Member)**RETURN TO APPLICANT**

*FY2005 Ryan White Title I Regional Grant*

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Prince Georges County Health Department  
Ryan White CARE Act, Title I  
Year 15 Request for Applications

**STATEMENT OF APPLICATION RECEIPT**

ORGANIZATION NAME: \_\_\_\_\_

SERVICE CATEGORY NAME: \_\_\_\_\_

**(One Receipt per Service Category Application)****TOTAL FUNDING REQUEST:**     \$ \_\_\_\_\_REPRESENTATIVE DELIVERING APPLICATION: \_\_\_\_\_  
(please print name)**Statement of Application Receipt***This certifies that 1 original plus 5 was delivered to the Prince George's County Health Department, Ryan White Program.***Date:** \_\_\_\_\_**Time:** \_\_\_\_\_**Received by:** \_\_\_\_\_  
(Signature of Health Department Staff)

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**AFFIX TO "ORIGINAL" APPLICATION**

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Prince Georges County Health Department  
Ryan White CARE Act, Title I  
Year 15 Request for Applications

Date/Time Stamp:

**STATEMENT OF APPLICATION RECEIPT**

ORGANIZATION NAME: \_\_\_\_\_

SERVICE CATEGORY NAME: \_\_\_\_\_

**TOTAL FUNDING REQUEST:**     \$ \_\_\_\_\_REPRESENTATIVE DELIVERING APPLICATION: \_\_\_\_\_  
(please print name)**Statement of Application Receipt***This certifies that 1 original plus 5 was delivered to the Prince George's County Health Department, Ryan White Program.***Date:** \_\_\_\_\_**Time:** \_\_\_\_\_**Received by:** \_\_\_\_\_  
(Signature of Health Department Staff)**RETURN TO APPLICANT**

ATTACHMENT C 2

Assurance Package Receipt

Date/Time Stamp:

*FY2005 Ryan White Title I Regional Grant*

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**Eligible Metropolitan Area (EMA) – Wide and District of Columbia  
Ryan White CARE Act, Title I  
Year 15 Request for Applications**

**STATEMENT OF ASSURANCE RECEIPT**

ORGANIZATION NAME: \_\_\_\_\_

CONTACT TELEPHONE NUMBER: \_\_\_\_\_

REPRESENTATIVE DELIVERING APPLICATION: \_\_\_\_\_  
(please print name)

**Statement of Assurance Receipt**

*This certifies that one (1) original Assurance Package was delivered to the District of Columbia Department of Health, HIV/AIDS Administration, Ryan White Program.*

Received by: \_\_\_\_\_  
(Signature of DOH Staff)

**AFFIX TO “ORIGINAL” ASSURANCE PACKAGE**

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ATTACHMENT C 2

ASSURANCE PACKAGE RECEIPT

Date/Time Stamp:

**Eligible Metropolitan Area (EMA) – Wide and District of Columbia  
Ryan White CARE Act, Title I  
Year 15 Request for Applications**

**STATEMENT OF ASSURANCE RECEIPT**

ORGANIZATION NAME: \_\_\_\_\_

CONTACT TELEPHONE NUMBER: \_\_\_\_\_

REPRESENTATIVE DELIVERING APPLICATION: \_\_\_\_\_  
(please print name)

**Statement of Assurance Receipt**

*This certifies that one (1) original Assurance Package was delivered to the District of Columbia Department of Health, HIV/AIDS Administration, Ryan White Program.*

Received by: \_\_\_\_\_  
(Signature of DOH Staff)

**RETURN TO APPLICANT**

ATTACHMENT C 2

**Assurance Package Receipt**

Date/Time Stamp:

*FY2005 Ryan White Title I Regional Grant*

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**SUBURBAN MARYLAND  
Ryan White CARE Act, Title I  
Year 15 Request for Applications**

**STATEMENT OF ASSURANCE RECEIPT**

ORGANIZATION NAME: \_\_\_\_\_

CONTACT TELEPHONE NUMBER: \_\_\_\_\_

REPRESENTATIVE DELIVERING APPLICATION: \_\_\_\_\_  
(please print name)

**Statement of Assurance Receipt**

*This certifies that one (1) original Assurance Package was delivered to the Prince George's County Health Department, Ryan White Program.*

Received by: \_\_\_\_\_  
(Signature of Health Department Staff)

**AFFIX TO "ORIGINAL" ASSURANCE PACKAGE**

ATTACHMENT C 2

**ASSURANCE PACKAGE RECEIPT**

Date/Time Stamp:

**SUBURBAN MARYLAND  
Ryan White CARE Act, Title I  
Year 15 Request for Applications**

**STATEMENT OF ASSURANCE RECEIPT**

ORGANIZATION NAME: \_\_\_\_\_

CONTACT TELEPHONE NUMBER: \_\_\_\_\_

REPRESENTATIVE DELIVERING APPLICATION: \_\_\_\_\_  
(please print name)

**Statement of Assurance Receipt**

*This certifies that one (1) original Assurance Package was delivered to the Prince George's County Health Department, Ryan White Program.*

Received by: \_\_\_\_\_  
(Signature of Health Department Staff)

**RETURN TO APPLICANT**

ATTACHMENT C 2

**Assurance Package Receipt**

Date/Time Stamp:

*FY2005 Ryan White Title I Regional Grant*

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**SUBURBAN VIRGINIA  
Ryan White CARE Act, Title I  
Year 15 Request for Applications**

**STATEMENT OF ASSURANCE RECEIPT**

ORGANIZATION NAME: \_\_\_\_\_

CONTACT TELEPHONE NUMBER: \_\_\_\_\_

REPRESENTATIVE DELIVERING APPLICATION: \_\_\_\_\_  
(please print name)

**Statement of Assurance Receipt**

*This certifies that one (1) original Assurance Package was delivered to the Northern Virginia Regional Commission, Ryan White Program.*

Received by: \_\_\_\_\_  
(Signature of NVRC Staff)

**AFFIX TO “ORIGINAL” ASSURANCE PACKAGE**

ATTACHMENT C 2

**ASSURANCE PACKAGE RECEIPT**

Date/Time Stamp:

**SUBURBAN VIRGINIA  
Ryan White CARE Act, Title I  
Year 15 Request for Applications**

**STATEMENT OF ASSURANCE RECEIPT**

ORGANIZATION NAME: \_\_\_\_\_

CONTACT TELEPHONE NUMBER: \_\_\_\_\_

REPRESENTATIVE DELIVERING APPLICATION: \_\_\_\_\_  
(please print name)

**Statement of Assurance Receipt**

*This certifies that one (1) original Assurance Package was delivered to the Northern Virginia Regional Commission, Ryan White Program.*

Received by: \_\_\_\_\_  
(Signature of NVRC Staff)

**RETURN TO APPLICANT**

## ATTACHMENT D

*FY2005 Ryan White Title I Regional Grant*

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### ***Capacity to Provide Culturally Competent Services – DIRECTIONS***

This table, along with the narrative project description, should describe an applicant's ability to directly provide culturally appropriate services to clients or to provide culturally appropriate services through referral and linkage.

1. Table 1 should be completed for each applicant.
  2. Include information on direct service staff only. Do not include information on administrative support staff or management staff. This information should be included on another table.
  3. In Column 1, list the characteristics of your direct service staff for a given service category. Use the "Other" row to indicate specific cultural characteristics such as sexual orientation, youth and adolescence, hemophilia, sign language interpretation, etc.
  4. In Column 2, list the number of direct staff and percent of direct staff with that characteristic.
  5. In Column 3, list the specific cultural skills those staff have i.e., languages they speak, targeted population they serve, etc.
  6. In Column 4, list the consultants or linkages you use to enhance the availability of culturally appropriate services.
-

**ATTACHMENT D**

*FY2005 Ryan White Title I Regional Grant*

**SAMPLE**

**CAPACITY TO PROVIDE CULTURALLY COMPETENT SERVICES**

**Applicant:** **Mental Health Community Based Organization, Inc.**

CHARACTERISTIC	NUMBER / PERCENT OF DIRECT SERVICE STAFF	DESCRIPTION OF CULTURAL SKILLS	NAME OF CONSULTANTS AND LINKAGE ORGANIZATIONS
<b>Race / Ethnicity (Please list)</b>  African American Latino White	4 (100%)	Staff is skilled in providing culturally appropriate services to African American women, adolescents, and men.	Linkage with ABC Health, Inc. for Latino clients.  Linkage with XYZ Clinic for gay/bisexual white males.  Linkage with QRS County Health Dept., Division of Mental Health Services.
<b>Gender (Please List)</b>  Male Female	1 (25%) 3 (75%)		

**ATTACHMENT D**

*FY2005 Ryan White Title I Regional Grant*

**CAPACITY TO PROVIDE CULTURALLY COMPETENT SERVICES**

**Applicant:** \_\_\_\_\_

**Service category:** \_\_\_\_\_

CHARACTERISTIC	NUMBER / PERCENT OF DIRECT SERVICE STAFF	DESCRIPTION OF CULTURAL SKILLS	NAME OF CONSULTANTS AND LINKAGE ORGANIZATIONS
Race / Ethnicity (Please list)			
Gender (Please List)			

## ATTACHMENT E

*FY2005 Ryan White Title I Regional Grant*

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### **LINKAGE WITH OTHER SERVICE PROVIDERS -DIRECTIONS**

1. Applicants must complete the attached table to detail their ability to assure a continuum of care.  
For all applicants that are awarded Title I funds, the information on the attached table will be verified and monitored.
  2. Applicants should pay particular attention to the specific linkage requirements noted for each service category in the service category Descriptions section. If a linkage is not required, please indicate “NA” (for not applicable) in the space provided.
  3. Applicants may use additional sheets to list linkages if necessary.
  4. Column 1 lists the various service categories funded under Title I.
  5. In Column 2, applicants should place a check mark in the space provided if they provide that service directly.  
If you do not provide the service directly, leave the space blank.
  6. In Column 3, list all organizations with whom you have collaborative agreements and linkages for the given service categories.
-

## ATTACHMENT E

*FY2005 Ryan White Title I Regional Grant*

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### LINKAGE WITH OTHER SERVICE PROVIDERS

**Applicant:**

SERVICE CATEGORY	PROVIDE DIRECTLY	PROVIDE THROUGH LINKAGE (Name Organizations)
1. PRIMARY MEDICAL CARE		
1a. MAI PRIAMRY MEDICAL CARE		
2. CASE MANAGEMENT		
3. ORAL HEALTH		
4. EMERGENCY DRUG ASSISTANE NUTRITIONAL COUNSELING		
5. SUBSTANCE ABUSE COUNSELING		
6. MENTAL HEALTH THERAPY/COUNSELING		
7. FOOD VOUCHER		
8. ASSISTED TRANSPORTATION		
9. RENTAL ASSISTANCE		
10. UTILITY BILL ASSISTANCE/ TELEPHONE		

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## ATTACHMENT E

*FY2005 Ryan White Title I Regional Grant*

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### LINKAGE WITH OTHER SERVICE PROVIDERS

**Applicant:**

SERVICE CATEGORY	PROVIDE DIRECTLY	PROVIDE THROUGH LINKAGE (Name Organizations)
11. NUTRITIONAL SERVICES		
13. FOOD BANK		
14. HOME DELIVERED FOOD		
15. DISCHARGE PLANNING		
18. PEER/PARA PROFESSIONAL COUNSELING		
19. TREATMENT ADHERENCE/COMPLIANCE		
20. CHILDCARE/BABYSITTING		
22. LEGAL SERVICES		
23. COMPLEMENTARY THERAPIES		
24. CRISIS INTERVENTION		
26. INTERPRETER SERVICES		

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## ATTACHMENT E

*FY2005 Ryan White Title I Regional Grant*

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29. HOME HEALTH- PERSONAL CARE AIDES		
30. EARLY INTERVENTION SERVICES		
31. HOME HEALTH- PROFESSIONAL NURSING		
32. DAY TREATMENT		
33. RESPITE CARE		
34. HOME HOSPICE SERVICES		
35. BEREAVEMENT COUNSELING		
36. ADOPTION/FOSTER CARE/ PERMANENCY PLANNING		
37. CAPACITY BUILDING		
39. VOLUNTEER COORDINATION		
HEALTH EDUCATION/RISK REDUCTION		
PRIMARY MEDICAL – OUTREACH REFERRAL		

**ATTACHMENT F***FY 2005 Ryan White Title I Regional Grant*

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**DOCUMENTATION OF COMPOSITION OF BOARD OF DIRECTORS AND MANAGEMENT**

A minority organization is one:

- 1) Having a board or governing body composed of more than 50%:  
(a) African Americans; (b) Latinos/as; (c) Asian/Pacific Islanders; (d) American Indian/Alaskan Natives
- 2) Having a management or supervisory staff composed of more than 50%:  
(a) African Americans; (b) Latinos/as; (c) Asian/Pacific Islanders; (d) American Indian/Alaskan Natives

Examples of management and supervisory staff include, executive director, program director, fiscal director, case manager director, medical director, clinical director and any other staff performing management or supervisory functions.

**NAME OF ORGANIZATION:** \_\_\_\_\_

<b>RYAN WHITE TITLE I  YEAR 10</b>		<b>RACIAL / ETHNIC GROUP</b>													
		<b>AFRICAN AMERICAN</b>		<b>LATINO / LATINA</b>		<b>ASIAN / PACIFIC ISLANDER</b>		<b>AMERICAN INDIAN / ALASKAN NATIVE</b>		<b>WHITE</b>		<b>OTHER (please specify)</b>		<b>TOTAL MINORITIES</b>	
<b>Organization Personnel</b>	<b>Total Number of Personnel</b>	<b>No.</b>	<b>%</b>	<b>No.</b>	<b>%</b>	<b>No.</b>	<b>%</b>	<b>No.</b>	<b>%</b>	<b>No.</b>	<b>%</b>	<b>No.</b>	<b>%</b>	<b>No.</b>	<b>%</b>
<b>Board of Directors</b>															
<b>Management &amp; Supervisory Staff</b>															
<b>Totals</b>															

Certification: I certify that the information contained in this table is complete and true:

Name of Executive Director: \_\_\_\_\_

(Print)

Signature of Executive Director: \_\_\_\_\_ Date: \_\_\_\_\_

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**ATTACHMENT G**

**TABLE A: SCOPE OF WORK**

*FY 2005 Ryan White Title I Regional Grant*

There should be a Table A: Scope of Work.

There should be a separate Table A submitted for each service category identified to be funded.

**Number of Unduplicated Clients to be served:** These blocks contain an unduplicated count of persons to be served in total. (Use this space to identify the targeted populations and targeted subpopulations you will serve in this service category. Describe the geographic area to be served, income requirements, and priorities by stage of disease, etc.)

**Total # of Each Service Unit(s) to be provided:** List each major service unit(s) to be provided.

**Budgeted Cost:** Provide the total cost for the service category. This figure should be the same as the total contained in the Budget for the service category.

Service to be Funded	Target Population & Number of Unduplicated Clients to be Served	Total # of Service Units to be provided	Budgeted Cost

## ATTACHMENT H

### Quality Assurance and Protocols Primary Medical Care

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**Attachment H contains service category protocols approved by the Metropolitan Regional Health Services Planning Council**

1. Outpatient Primary Medical Care: For the Primary Medical Care protocol, please refer to the Public Health Services Guideline for the care of HIV infected persons, *Guidelines for the Use of Antiretroviral Agents in HIV Infected Adults and Adolescents at*  
<http://www.cdc.gov/mmwr/preview/mmwrhtml/00054080.htm>
2. Assisted Transportation
3. Day Treatment
4. Food Bank
5. Interpreter Services
6. Nutritional Support
7. People Living with AIDS (PWA) Advocacy Project
8. Volunteer Coordination
9. Case Management
10. Mental Health
11. Oral Health

**Quality Assurance and Protocols  
Primary Medical Care***FY 2005 Ryan White Title I Regional Grant*

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**I. Comprehensive Medical History and Physical Examination**

All adolescent and adult patients with a diagnosis of HIV infection shall have a comprehensive medical history and physical examination within 4 weeks of initial presentation to the medical provider which includes a description of the presenting symptoms, past medical history, family history and review of systems. Patients presenting acute distress shall be seen within a shorter period of time as deemed medically appropriate. A discussion of sexual practices, use of illicit drugs and blood transfusions should be noted. A complete physical examination shall include a funduscopic examination, an examination of the oral pharynx and a pelvic examination in female patients.

- |              |  |
|--------------|--|
| Objective 1: | The medical provider shall obtain a comprehensive medical history and conduct a physical examination within two patient visits after initial presentation.   |
| Objective 2: | The information contained in the medical history and physical examination shall be sufficiently comprehensive to describe the most likely causes of this patient's HIV infection and to describe the current state of physical and emotional health. |

**II. Comprehensive Laboratory/X-ray Screening**

Initial screening of patients with an HIV infection shall be designed to confirm the HIV diagnosis as appropriate, and to assess the state of the HIV infection, the presence or absence of opportunistic diseases, and to assess the existence of other unrelated illnesses, which may impact on the HIV infection.

- |              |   |
|--------------|---|
| Objective 3: | All patients with a confirmed diagnosis shall have an initial CBC with differential and platelet count; a complete chemistry series, urine analysis, PPD skin test (if not already known to be positive), a serological test for syphilis, a PAP smear for sexually active female patients, a hepatitis B profile and hepatitis C profile for high risk groups, G6PD testing if CD4 count falls below 200, lymphocyte profile and a HIV viral load test. Toxoplasma titers shall be done at baseline. A chest x-ray is indicated if the patient has a known positive PPD or if there are abnormal pulmonary findings on the physical examination. |
|--------------|---|

**III. Assessment of Problems**

Using information from the comprehensive medical history and physical examination as well as laboratory and x-ray information, each patient shall have an assessment of his/her medical status. This assessment denotes the stage of the HIV infection (Stages I, II, III), the presence of opportunistic illnesses, and allows decision making in a logical and intelligent way.

**Quality Assurance and Protocols  
Primary Medical Care**

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Objective 4: All patients shall have a complete assessment or listing of problems, which acknowledge the abnormalities found on the medical history, physical examination and laboratory phases of evaluation.

#### **IV. Action Plan Related to Problems**

The action plan is a logical and comprehensive response to the problems noted during the initial medical history, physical examination, and laboratory testing to prolong life, prevent the development of opportunistic illnesses, and to prevent the spread of HIV to other people.

- Objective 5: Patients shall receive specific education about their illness, medicine regimen, safe sex and needle use practices, and self-monitoring for commonly encountered symptoms (fever, weight loss, changes in mental status, etc.).
- Objective 6: Each of the listed problems is addressed with a specific plan, e.g., positive PPD skin test-> Chest x-ray at least yearly.
- Objective 7: Patients shall be provided referrals for emotional support as appropriate.
- Objective 8: Antiretroviral therapy with at least two proven active agents shall be offered patients whose CD4 count is less than 500 cells/mm<sup>3</sup> or whose viral load study demonstrates greater than 5,000 - 10,000 viral units/ml of blood.
- Objective 9: At least two proven active HIV medications shall be offered for patients who demonstrate a rise in HIV viral load by 10% or a decrease in CD4 cells by 10%.
- Objective 10: Patients whose CD4 absolute counts have ever fallen below 200 cells/mm<sup>3</sup> or CD4 percentage below 12 shall be provided prevention medications for Pneumocystis carinii, using either trimethoprim-sulfasoxazole (Septra, Bactrim), dapsone or aerosolized pentamidine.
- Objective 11: Patients with CD4 counts of less than 100 cells/mm<sup>3</sup> shall be provided prevention medications for Mycobacteria avium-complex as appropriate.
- Objective 12: Patients with HIV infection shall be offered all relevant treatments as deemed medically appropriate to their health status.

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**V. Regular Surveillance and Monitoring for Opportunistic Infections/Problems**

All patients shall have regular visits (at least every 6 months) to a health care provider for the purpose of ascertaining the presence of opportunistic illnesses. On each visit, a brief history and physical examination is performed as well as regular surveillance laboratory tests.

- |               |  |
|---------------|--|
| Objective 13: | Visits are scheduled a minimum of every 3 to 6 months.   |
| Objective 14: | All female, sexually active patients shall have a Pap smear every 6 months.  |
| Objective 15: | All patients shall have viral load studies and lymphocyte profiles at a minimum of every 6 months.   |
| Objective 16: | A screening test for syphilis shall be performed a minimum of every 12 months in sexually active/symptomatic people.   |
| Objective 17: | A PPD skin test shall be administered every 12 months for patients who have had a previously negative skin test.<br>Anyone who has had a positive PPD skin test at any point in time shall have a minimum of one chest x-ray annually.                     |
| Objective 18: | Patients receiving HIV medications shall have a CBC with differential and platelet count and chemistry study at least every six months. These studies shall be done more often when following people on antiretroviral therapies as medically appropriate. |

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Primary Medical Care***FY 2005 Ryan White Title I Regional Grant*

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**EVALUATION TOOL**

<b>COMPREHENSIVE</b>	<b>AUDIT MEASURE</b>	<b>OBJECTIVE MET?</b>
1. Comprehensive H & P by the 2nd patient visit.	Look for H & P in record	
2. Cause for HIV infection contained in History? Emotional Health noted?	Review all subjective statements; IV drugs, sex, homosexual; blood transfusion	
3. Appropriate blood, x-rays, and skin tests?	Review laboratory results; skin test notations	
4. Comprehensive Problem List? Are significant abnormalities noted as problem?	Review Problem List	
5. Evidence of patient education?	Review all notes: dietitian, social worker, nurse, physician all teach	
6. Is there a comprehensive action plan, which addresses all significant problems?	Review "Plan" section of each record. Look at actions if not clearly stated	
7. Emotional Support referrals provided.	Look for referral to support groups, psychiatrist or "buddy"	
8. Antiretroviral medications offered for CD4 counts < 500 or viral load of > 5K - 10 K.	Typical medications include AZT, 3TC, DDI, DDC, Norvir, etc.	
9. At least 2 antiretroviral meds if viral load rising or CD4 count falling.	Review recent and past laboratory tests	
10. PCP prophylaxis offered for CD4 count <200 or rising viral load	Review medications: Bactrim, Septra, dapsone or aerosol pentamidine	
11. MAC Prophylaxis offered for CD4 count <100	Review meds: Rifabutin, azithromycin or clarithromycin	
12. Immunizations offered	Look for tetanus, Pneumovax and diphtheria	
13. Frequent Patient visits at least every 3 to 6 months	Review scheduling log, record	
14. Pap smears provided every 6 months to female sexually active patients	Review laboratory reports or record notation with patient declining test	
15. Viral Load, CD4 count, lymphocyte profiles measured every 6 months	Review laboratory reports.	

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### Quality Assurance and Protocols Primary Medical Care

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COMPREHENSIVE		AUDIT MEASURE	OBJECTIVE MET?
16.	Test for syphilis if symptomatic/sexually active obtained every 12 months	Look for VDRL or RPR tests	
17.	PPD performed every 12 months if known to be negative in past	Review clinical notes	
18.	CBC and blood chemistry test every 6 months or more often if taking antiretroviral meds	Review laboratory reports	

**Quality Assurance and Protocols  
Assisted Transportation**

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**ELIGIBILITY**

All individuals with a documented HIV/AIDS diagnosis and who meet Ryan White eligibility criteria are eligible to receive transportation services under the Ryan White Title I funded program. Transportation services will include the provision of tokens, cab vouchers and van services to eligible individuals. The agency shall make a determination of the most appropriate service to be provided.

**INTAKE**

The agency shall provide all eligible individuals with expedited access to transportation services. Clients can enter into transportation services in one of the two ways outlined below:

- Objective: 1. Self referral - individuals who walk in to a assisted transportation provider must provide documentation of HIV status and complete the Metro CARES intake form.
- Objective: 2. Referral from a case manager - individuals accessing transportation services through their case manager, with a MetroCARES intake on file, should not be required to complete any additional information. In the event that transportation services are not provided within the case management organization, the case manager will forward the Metro CARES intake form via Fax/Mail.

**MONITORING**

The agency shall access the levels of transportation services most appropriate for eligible individuals and monitor services on an ongoing basis. Three levels of transportation services are outlined below:

**Tokens**

- Objective: 1. All individuals with a documented HIV diagnosis and who meet Ryan White eligibility criteria are eligible to receive tokens. Individuals who are mobile, and experiencing no current health problems (i.e. diarrhea, neuropathy, fatigue, PCP, etc.) should be provided tokens for primary medical care, case management and other supportive services appointments.
  - Objective: 2. The case manager/transportation coordinator should give clients a referral form (see attachment) on non identifying letter head that can be signed at the clients destination as verification that the token was utilized for the purpose provided. Sensitive issues such as job interviews should be handled on a case by case basis.
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## **ATTACHMENT H**

### **Quality Assurance and Protocols Assisted Transportation**

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- Objective: 3. The agency shall maintain a token utilization tracking sheet indication form that includes client ID, amount of tokens provided, destination and initials of staff person administering tokens. (See attachment).

#### **Cab Vouchers**

- Objective: 1. The agency shall provide cab vouchers to all individuals with documented HIV/AIDS diagnosis who are currently experiencing extreme fatigue, PCP, diarrhea, neuropathy, cancer, psychosocial or mental health problem(s) as identified by their case manager, transportation coordinator or physician as limiting the persons ability to use public transportation. Special consideration should be given to families and women with children.
- Objective: 2. The agency shall verify all appointments for which cab vouchers are received and each voucher should reflect a one way address.
- Objective: 3. The agency shall maintain one copy of each cab voucher provided.

#### **Van Services**

The agency shall provide van services to individuals with a documented HIV/AIDS diagnosis who are ambulatory, but experience medical problems that limit the persons ability to use other transportation services. Van services will not be provided based on stage of illness - instead on current health status.

- Objective: 1. The agency shall maintain a transportation log reflecting van activity.
- Objective: 2. The agency shall maintain on-call van services to address emergency transportation needs.
- Objective: 3. The agency shall maintain written procedures for accident reporting, and overall van safety.
- Objective: 4. The agency shall meet all child safety standards.

#### **CONFIDENTIALITY**

All client records should be maintained and stored in locked file cabinets.

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## ATTACHMENT H

## Quality Assurance and Protocols Assisted Transportation

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# TOKEN TRACKING SHEET

[illegible]

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**LETTER OF REFERRAL**

Date:

Clients Name:

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Referral Agency:

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Address:

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Please check the appropriate box and return to client.

( ) Client made contact and received services from our agency.

( ) Client contacted our agency, but we were unable to provide the service that she/he needed.

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Agency Representative/Date

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OBJECTIVE	AUDIT MEASURE	OBJECTIVE met/not met
1. The agency shall maintain documentation of HIV status for all assisted transportation clients	1. Medical documentation or written verification from a case manager	
2. The agency shall provide expedited access to transportation services.	2. A completed MetroCARES form for all transportation clients.	
3. The agency shall access the level of transportation services needed by the client.	3. Written information in the client file indicating clients current transportation needs.	
4. The agency shall maintain appropriate documentation of client utilization.	4. a. Copies of client referral forms should be maintained  b. Token utilization tracking sheet	
5. The agency shall verify all appointments for which cab vouchers are provided.	5. Written information in clients case management file or transportation log.	
6. The agency shall maintain documentation of cab voucher utilization.	6. A copy of all cab vouchers should be maintained at the agency.	
7. The agency shall maintain appropriate licenses and insurance for operating a motor vehicle.	7. a. Schedule of activities  b. Copy of staff licenses and insurance policies	

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### Quality Assurance and Protocols Assisted Transportation

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8. The agency shall maintain documentation of van service.	8. A written transportation log reflecting activity	
9. The agency shall have established safety procedures.	9. a.. Written record of procedures for accident reporting.  b. Written procedures for child safety	
10. The agency shall meet child safety standards.	10. At least one child safety seat per vehicle.	

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**Quality Assurance and Protocols  
HIV/AIDS Day Treatment Center**

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**COMPREHENSIVE GOAL:**

To provide individuals living with HIV/AIDS a full range of consistent, multidisciplinary care services integrated through the development, implementation, and ongoing assessment of an Individualized Treatment Plan in a "home-like environment.

**INTRODUCTION**

In most cases, the usual process at a Day Treatment Center will include the following: Intake, Needs Assessment, Development of Client Care Plan, Implementation and Coordination of Client's Care Plan, Assessment of Client's Progress and Case Closure. The processes that guide the plan are described in each agency's Standard Operating Procedures manual.

**Administration**

**GOAL I.** *To address the comprehensive and complex needs of men and women infected with the HIV virus, by providing comprehensive care services in a day treatment center.*

- Objective 1. The HIV Day Treatment Center will provide services that include the following: medical/nursing; case management access; and mental health and support services.

Support services will include: food and nutrition; transportation; recreation; substance abuse counseling; education; and life skills development.

**GOAL II.** *To provide day treatment services for each client in a supportive well defined and structured health care environment.*

- Objective 1. The Day Treatment Center (DTC) shall have a current organizational chart that defines its structure and lines of responsibility.
- Objective 2. The DTC shall have a current Standard Operating Procedures (S.O.P.) manual that contains its mission statement and goals, range of services to be provided, standards of care, quality assurance standards, record keeping methods and procedures, personnel policies, patients' rights policies and procedures, and admission and discharge policies.
- Objective 3. The DTC shall have a supervisor or supervising director who will be on duty during all operating hours and will oversee all aspects of operation at the Center.
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**GOAL III.** *To make available a continuum of comprehensive services, in a structured, nonresidential setting, which assists persons with HIV/AIDS to maintain and live more independent and healthy lives.*

Objective 1. The staff of the DTC shall have the appropriate qualifications and experience to provide the services described by the Center's S.O.P.s. The staff will include social work professionals, medical professionals (including nurses), and when appropriate, certified mental health professionals and occupational and physical therapists. The qualifications, training and experience of DTC staff will be reflected in position descriptions for each staff position.

Objective 2. The DTC shall comply with their state regulatory authority's requirements for staff qualifications as they relate to the needs of the participants and the particular day treatment center.

**GOAL IV.** *Quality care services will be provided to clients regardless of race, color ethnicity, religion, gender, sexual orientation, marital status, age, citizenship status, or health status.*

Objective 1. The agency will ensure that its staff is properly trained and able to address the specific issues of the individual and population they serve by providing training in cross-cultural and language competency, HIV/AIDS education, racial diversity, conflict resolution, etc..

Objective 2. Clients will receive equitable care without regard to race, color, ethnicity, religion, gender, sexual orientation, marital status, age, citizenship status, or presence of disability.

**INTAKE**

**Client Eligibility**

**GOAL I.** *All individuals who are infected with HIV/AIDS, meet the Ryan White eligibility criteria, are in need of day treatment services and are referred by their primary medical provider, case manager, or health care provider shall be considered for Day Treatment services.*

Objective 1. All clients who are referred to the DTC shall be evaluated for intake and referred appropriately for services, as space permits.

Objective 2. All clients who are eligible for admission to the DTC shall receive intake assessment and a care plan.

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- Objective 3. Ineligible individuals shall be provided with referral information appropriate to their needs.
- Objective 4. The Agency shall make appropriate referrals for those individuals who are eligible but for whom the services at a particular Day Treatment Center may not be appropriate.

- Criteria:**
- i. The referred Individual must be infected with the HIV/AIDS virus and have appropriate documentation.
  - ii. The Agency will obtain documentation of HIV/AIDS status with verification.
  - iii. For some day care treatments, the HIV/AIDS infected individual must be a person who is homeless, living in a homeless shelter, with T-Cell count 500 or less.
  - iv. A complete medical evaluation and referral by the primary health care provider will be obtained.

#### **Intake/Assessment**

***GOAL I. The Day Treatment Center shall provide all eligible individuals with expedited entry to the Center and Services.***

- Criteria:** Individuals become eligible for day treatment service if they are referred by their primary medical provider, case manager, or health care provider and meet the DTC client eligibility criteria.
- Objective 1. The agency shall complete an initial medical and social work assessment of all eligible clients at time of intake.
- Objective 2. The agency shall collect all information outlined in the METRO CARES Intake Data Entry Form and the Client Face Sheet at the time of Intake as well as signed informal consent to release other medical and psychosocial information as appropriate.
- Objective 3. The Agency shall obtain a copy of the most recent psycho/social narrative (including any history of alcohol or drug use) and current case management plan from the client's referring health care provider and/or case manager as appropriate.
- Objective 4. The Agency shall obtain from each client's primary medical doctor, registered nurse, or case manager a current medical record including
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current medications, medical orders, copies of hospital discharge, summary and latest bloodwork.

- Objective 5. At the time of intake the agency shall inform the client of his/her rights to receive quality services, the Agency's closure policies, and grievance procedures in writing. The client shall sign the "Clients Rights Form" and be given a copy of the signed form.

**NEEDS ASSESSMENT**

**GOAL I.** *The agency shall determine the needs of the clients, and identify appropriate DTC and other appropriate resources to meet the identified client needs.*

- Objective 1. All clients shall have a current case manager at DTC intake or by immediate referral who will participate with a team of professionals (medical, social work and mental health professionals) and will complete a comprehensive written needs assessment for each of the DTC clients. In those cases involving more than one case manager, the needs assessment will define a primary case manager and invite a secondary case manager to participate in the planning process. This assessment of needs shall include a complete medical/psychosocial history and will be maintained in the client's file.
- Objective 2. The assessment shall be reviewed by the Center's Supervisor and an individualized treatment plan shall be developed with the client's participation to meet the needs of each client.
- Objective 3. A client's needs will be reassessed and their care plan revised every other month or more frequently if necessary, to reflect their evolving needs.

**DEVELOPMENT OF INDIVIDUALIZED TREATMENT PLAN**

**GOAL I.** *To develop an appropriate course of action for the individual client with active participation of the client, and when possible members of the client's family, friends, etc..*

- Objective 1. The client's case manager shall, with the active participation of the client, identify priority needs through the development of a care plan, goals and objectives, and implementation strategies along with a time frame within which they are to be completed.
- Objective 2. A current care plan shall be kept on file for each client at all times.
- Objective 3. The client's case manager shall provide written verification that the client is either in agreement or disagreement with the goals and objectives
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contained in the treatment plan. (It is recommended that clients are encouraged to initial the goals and objectives with which they are in agreement).

- Objective 4. The client's case manager, together with the client, shall identify the appropriate resources needed to attain the clients' stated goals and objectives. This resource identification will be documented in the client's file.

**IMPLEMENTATION AND COORDINATION OF TREATMENT PLAN**

**GOAL I.** *The client's treatment plan shall be executed in the most effective and sensitive way in order to enhance and improve the client's quality of life.*

- Objective 1. The client's case manager, together with other appropriate staff collaborate to provide support, advocacy, consultation, and crisis intervention and ensure availability and application of appropriate and available resources.
- Objective 2. When appropriate for the client to access services on his/her own, the primary service provider will advise the client about making arrangements with service providers selected, and will help the client gain access to services which are provided on the Day Treatment Center premises.
- Objective 3. The primary service provider shall document in writing, as part of the care plan, all referrals initiated and/or completed as they relate to the client plan. Corresponding actions initiated by the client, the case manager, and other identified players, and the outcomes resulting from these actions shall also be documented in writing.

**PROGRESS OF CLIENT**

**GOAL I.** *To review and assess the effectiveness of the treatment plan and case management process.*

- Objective 1: The client's case manager shall monitor the goals and objectives described in the client plan every other month, or more frequently if warranted by a sudden or rapid change in the client's health or well-being.
- Objective 2. The client's case manager shall review the care plan's needs and goals with the client at least every three months to ensure the client's understanding, participation, and agreement with the care plan strategy.
- Objective 3. During weekly supervision meetings, case managers will provide an account of the client's progress as preparation for staff consultation.
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**CONFIDENTIALITY**

**GOAL I.** *Client's privacy and confidentiality of records will be protected.*

- Objective 1. Any information requested from other people or organizations about the client will not be provided without the written consent of the client.
- Objective 2. All information related to the client is to be kept in a secure manner as defined in the policy of each Center, as defined in their S.O.P.s.
- Objective 3. Any transport of client files will be done in a secured manner following the DTC's S.O.P.s or guidelines.

**CASE CLOSURE**

**GOAL I.** *Client's case closure will be implemented with utmost care and efficiency.*

- Objective 1. When possible, prior to closure, the client's case manager will inform the client of the re-entry requirements into the Center.
- Objective 2. The agency shall retain all closed files in a secured, pre-established location for a minimum of five years after a case is terminated.

**EVALUATION**

**GOAL I.** *The Agency shall evaluate its programs, infrastructure and client satisfaction in a regular and systematic way to achieve excellence in providing day treatment care services for its clients.*

- Objective 1. The DTC shall utilize common and accepted methods of gathering data about the Program and service delivery, such as:
    - i. Record audits: client record reviews, contact logs, etc.;
    - ii. Performance audits: independent observations of service delivery; client satisfaction survey instruments, etc.
    - iii. Qualitative assessments: open-ended interviews with clients and service providers, facilitating focus groups and focused discussions, etc.
  - Objective 2. The DTC shall develop clear evaluation guidelines and timelines for internal evaluation activities.
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- Objective 3. The DTC shall develop clear evaluation guidelines and timelines for external evaluation activities.

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#### QUALITY OBJECTIVES CHECKLIST AND EVALUATION TOOL

OBJECTIVES	AUDIT METHODS	OBJECTIVES MET/NOT MET	COMMENTS
<b>Administrative</b> <u>Goal I.</u> 1. The HIV Day Treatment Center will provide services that include the following categories: medical/nursing, case management and mental health and support services. Support services will include: food and nutrition, transportation, recreation, substance abuse counseling, educational, and life skills development.			
<u>Goal II.</u> 1. The Day Treatment Center (DTC) shall have a current organizational chart that defines its structure and lines of responsibilities.			

#### Audit Method

- A. Program Documentation Review (cite document)
- B. Client Record Review
- C. Observation (cite activity)

- D. Client Satisfaction Survey
  - E. Self or Peer Appraisal
  - F. Other
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<b>OBJECTIVES</b>	<b>AUDIT METHODS</b>	<b>OBJECTIVES MET/NOT MET</b>	<b>COMMENTS</b>
2. The DTC shall have a current SOP manual containing its mission statement and goals, services to be provided, standards of care, QA standards, record keeping methods & procedures, personnel policies, patients' rights, policies & procedures, and admission & discharge policies.			
3. The DTC shall have a supervisor or supervising director who will be on duty during all operating hours & will oversee all aspects of operation at the Center.			
<u><i>Goal III.</i></u> 1. DTC staff shall have appropriate qualifications & experience to provide services described in sops. Staff will include social work & medical professionals, mental health professionals & occupational & physical therapists. All the above will be reflected in position descriptions for each staff.			

**Audit Method**

- A. Program Documentation Review (cite document)**
- B. Client Record Review**
- C. Observation (cite activity)**

- D. Client Satisfaction Survey**
  - E. Self or Peer Appraisal**
  - F. Other**
-

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<b>OBJECTIVES</b>	<b>AUDIT METHODS</b>	<b>OBJECTIVES MET/NOT MET</b>	<b>COMMENTS</b>
2. DTC shall comply with the Dept. of Human Services requirements for staff qualifications as they relate to the need of the participants and the particular DTC.			
<u>Goal IV.</u> 1. The agency will ensure that staff is properly trained and able to address the specific issues of the population and individuals they serve. Training in cross-cultural & language competency, HIV/AIDS education, racial diversity, conflict resolution, etc.			
2. Clients will receive equitable care w/o regards to race, color, ethnicity, religion, gender, sexual orientation, marital status, age, citizenship status, or health status.			
<b><u>INTAKE</u></b> <b><u>Client Eligibility</u></b> <u>Goal I.</u> 1. All clients eligible for admission to the DTC shall be evaluated for intake & referred for services.			
2. All clients who are eligible for admission to the DTC shall receive intake assessment and a care plan.			
3. Ineligible individuals shall be provided with referral information appropriate to their needs.			

**Audit Method**

- A. Program Documentation Review (cite document)**
- B. Client Record Review**
- C. Observation (cite activity)**

- D. Client Satisfaction Survey**
  - E. Self or Peer Appraisal**
  - F. Other**
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4. The Agency shall make appropriate referrals for those individuals who are eligible but for whom the services at a particular DTC are not appropriate. (See Criteria I-IV).			
<b><u>Intake/Assessment</u></b> <b><u>Goal I.</u></b> (See Criteria) 1. The Agency shall complete an initial medical and social work assessment of all eligible clients at time of intake.			

#### Audit Method

**A. Program Documentation Review (cite document)**

**B. Client Record Review**

**C. Observation (cite activity)**

**D. Client Satisfaction Survey**

**E. Self or Peer Appraisal**

**F. Other**

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<b>OBJECTIVES</b>	<b>AUDIT METHODS</b>	<b>OBJECTIVES MET/NOT MET</b>	<b>COMMENTS</b>
2. The Agency shall collect all information outlined in METRO CARES Intake Data Entry Form and the Client Face Sheet at the time of Intake.			
3. The Agency shall obtain a copy of the most recent psycho/social narrative (including any history of alcohol or drug use) from the client's referring health care provider.			
4. The Agency shall obtain from each client's primary medical doctor, registered nurse, or case manager a current medical record including current medications, medical orders, copies of hospital discharge, summary and latest bloodwork.			

**Audit Method**

**A. Program Documentation Review (cite document)**  
**B. Client Record Review**  
**C. Observation (cite activity)**

**D. Client Satisfaction Survey**  
**E. Self or Peer Appraisal**  
**F. Other**

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OBJECTIVES	AUDIT METHODS	OBJECTIVES MET/NOT MET	COMMENTS
5. At the time of intake the agency shall inform the client, in writing, of his/her rights to receive quality services, the agency's closure policies, and grievance procedures. The client shall sign the "Clients Rights Form" and be given a copy of the signed form.			
<b><u>NEEDS ASSESSMENT</u></b> <b><u>Goal I.</u></b> 1. The agency shall assign a case manager and a team of professionals (medical and social work and mental health) to complete a comprehensive written needs assessment for each of the DTC clients. This assessment shall include a complete medical/psychosocial history and will be maintained in the client's file.			

#### Audit Method

- A. Program Documentation Review (cite document)
- B. Client Record Review
- C. Observation (cite activity)

- D. Client Satisfaction Survey
  - E. Self or Peer Appraisal
  - F. Other
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**ATTACHMENT H****Quality Assurance and Protocols  
HIV/AIDS Day Treatment Center***FY2005 Ryan White Title I Regional Grant*

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<b>OBJECTIVES</b>	<b>AUDIT METHODS</b>	<b>OBJECTIVES MET/NOT MET</b>	<b>COMMENTS</b>
2. The assessment shall be reviewed by the DTC supervisor & individualized treatment plan shall be developed with the client's participation to meet the needs of each client.			
2. The assessment shall be reviewed by the Center's Supervisor and an individualized treatment plan shall be developed with the client's participation to meet the needs of each client.			
3. A client's needs will be reassessed and their care plan revised every other month, or more frequently if necessary, to reflect their evolving needs.			

**Audit Method****A. Program Documentation Review (cite document)****B. Client Record Review****C. Observation (cite activity)****D. Client Satisfaction Survey****E. Self or Peer Appraisal****F. Other**

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## ATTACHMENT H

### Quality Assurance and Protocols HIV/AIDS Day Treatment Center

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<u>OBJECTIVES</u>	<u>AUDIT METHODS</u>	<u>OBJECTIVES MET/NOT MET</u>	<u>COMMENTS</u>
<b><u>DEVELOPMENT OF INDIVIDUALIZED TREATMENT PLAN</u></b> <i>Goal I.</i> 1. The case manager shall, with the active participation of the client, identify priority needs through the development of a care plan, goals and objectives, and implementation strategies along with a time frame within which they are to be completed.			
2. A current care plan shall be kept on file for each client at all times.			

#### Audit Method

- A. Program Documentation Review (cite document)
- B. Client Record Review
- C. Observation (cite activity)

- D. Client Satisfaction Survey
  - E. Self or Peer Appraisal
  - F. Other
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## ATTACHMENT H

### Quality Assurance and Protocols HIV/AIDS Day Treatment Center

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OBJECTIVES	AUDIT METHODS	OBJECTIVES MET/NOT MET	COMMENTS
4. The case manager, together with the client, shall identify the appropriate resources needed to attain the client's stated goals and objectives. This will be documented in the client's file.			
<b><u>IMPLEMENTATION &amp; COORDINATION OF TREATMENT PLAN</u></b> <i>Goal I.</i> 1. The case manager, together with other appropriate staff collaborate to provide support, advocacy, consultation, and crisis intervention & ensure availability & application of appropriate and available resources.			

#### Audit Method

- A. Program Documentation Review (cite document)
- B. Client Record Review
- C. Observation (cite activity)

- D. Client Satisfaction Survey
  - E. Self or Peer Appraisal
  - F. Other
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**ATTACHMENT H****Quality Assurance and Protocols  
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<b>OBJECTIVES</b>	<b>AUDIT METHODS</b>	<b>OBJECTIVES MET/NOT MET</b>	<b>COMMENTS</b>
2. When appropriate for the client to access services on his/her own, the primary service provider will advise the client about making arrangements with service providers selected, and will help the client gain access to services which are provided on the Day Treatment Center premises.			
3. The primary service provider shall document in writing, as part of the care plan, all referrals initiated and/or completed as they relate to the client plan. Corresponding actions initiated by the client, the case manager, and other identified players, and the outcomes resulting from these actions shall also be documented in writing.			

**Audit Method**

- A. Program Documentation Review (cite document)**
- B. Client Record Review**
- C. Observation (cite activity)**

- D. Client Satisfaction Survey**
  - E. Self or Peer Appraisal**
  - F. Other**
-

## ATTACHMENT H

### Quality Assurance and Protocols HIV/AIDS Day Treatment Center

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<u>OBJECTIVES</u>	<u>AUDIT METHODS</u>	<u>OBJECTIVES MET/NOT MET</u>	<u>COMMENTS</u>
2.The case manager shall review the care plan's needs and goals with the client at least every three months to ensure the client's understanding, participation, and agreement with the care plan strategy.			
3. During weekly supervision meetings, case managers will provide an account of the client's progress as preparation for staff consultation.			

#### Audit Method

- A. Program Documentation Review (cite document)
- B. Client Record Review
- C. Observation (cite activity)

- D. Client Satisfaction Survey
- E. Self or Peer Appraisal
- F. Other

**ATTACHMENT H****Quality Assurance and Protocols  
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<b>OBJECTIVES</b>	<b>AUDIT METHODS</b>	<b>OBJECTIVES MET/NOT MET</b>	<b>COMMENTS</b>
<b><u>CONFIDENTIALITY</u></b> <u>Goal I.</u> 1. Any information requested from other people or organizations about the client will not be provided without the written consent of the client.			
2. All information related to the client is to be kept in a secure manner as defined in the policy of each Center, as defined in their S.O.P.s.			
3. Any transport of client files will be done in a secured manner following the DTC's S.O.P.s guidelines.			
<b><u>CASE CLOSURE</u></b> <u>Goal I.</u> 1. When possible, prior to closure, the case manager will inform the client of the re-entry requirements into the Center.			

**Audit Method**

- A. Program Documentation Review (cite document)**
- B. Client Record Review**
- C. Observation (cite activity)**

- D. Client Satisfaction Survey**
  - E. Self or Peer Appraisal**
  - F. Other**
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### Quality Assurance and Protocols HIV/AIDS Day Treatment Center

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2. The agency shall retain all closed files in a secured, pre-established location for a minimum of five years after a case is terminated.			
<b><u>EVALUATION</u></b> <b><u>Goal I.</u></b> 1. The DTC shall utilize common and accepted methods of gathering data about the Program and service delivery, such as: records audits, performance audits and qualitative assessments.			
2. The DTC shall develop clear evaluation guidelines timelines for internal evaluation activities.			
3. The DTC shall develop clear evaluation guidelines and timelines for external evaluation activities.			

#### Audit Method

- A. Program Documentation Review (cite document)
- B. Client Record Review
- C. Observation (cite activity)

- D. Client Satisfaction Survey
- E. Self or Peer Appraisal
- F. Other

**Quality Assurance and Protocols  
Food Bank**

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**ELIGIBILITY**

All clients with a documented HIV/AIDS diagnosis are eligible to receive foodbank services under the Ryan White Title I funded programs. Foodbank services will include the provision of food items, filtered water and nutritional supplements.

Objective 1: The agency shall obtain documentation of the clients HIV status within two weeks of intake.

**INTAKE**

The agency shall provide all eligible individuals with expedited access to foodbank services. Clients can enter into foodbank services in one of the two ways outlined below:

Objective 1: Self referral - individuals who walk into or telephone a foodbank provider must provide documentation of HIV status within two weeks and complete the MetroCARES intake form.

Objective 2: Referral from a Case Manager - individuals accessing foodbank services through their case manager, with a MetroCARES intake on file, should not be required to complete any additional information. In the event that foodbank services are not available within the case management organization, the case manager will forward the MetroCARES intake via Fax/Mail to the foodbank provider.

**PROGRAM IMPLEMENTATION**

The agency shall provide all eligible clients with access to quality foodbank services that supplement existing entitlements, and promote better eating habits among the target clients.

Objective 1: The agency shall assess the client's medical and psychosocial needs to determine the appropriateness of the foodbank referral.

Objective 2: The agency shall provide all eligible clients with a wide variety of food choices and empower clients to make healthy selections.

Objective 3: The agency shall ensure that all food items are in good condition (i.e. no dented or rusted cans, dented boxed or expired dates.)

Objective 4: The agency shall ensure that clients receive food items that meet the recommended daily allowances.

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## **ATTACHMENT H**

### **Quality Assurance and Protocols Food Bank**

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- Objective 5: The agency shall provide individuals with filtered water on an as needed basis and maintain a supply of such items in the event of a water shortage.

### **MONITORING**

The agency shall develop a monitoring and tracking system that monitors the utilization of client services and addresses duplication of services.

- Objective 1: The agency shall obtain release of information forms to determine if clients are receiving foodbank services at another organization.
- Objective 2: The agency shall provide individuals with access to the foodbank a maximum of twice per month.
- Objective 3: The agency shall use the MetroCARES data management system to document client utilization.
- Objective 4: The agency shall maintain records of client utilization either in the nutritional support file or a separate foodbank file.
- Objective 5: The agency shall maintain a sign-in log at the foodbank site.
- Objective 6: The agency shall maintain information on substitute shoppers for those clients who are unable to utilize services at the foodbank site.

### **COLLABORATION**

The agency shall establish collaborative agreements with organizations providing support services and maintain written documentation within the organizations administrative files.

- Objective 7: The agency shall establish linkages with transportation, nutritional support and foodbank services.
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**ATTACHMENT H****Quality Assurance and Protocols  
Food Bank***FY2005 Ryan White Title I Regional Grant*

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**EVALUATION TOOL**

OBJECTIVE	AUDIT MEASURE	OBJECTIVE met/not met
1. The agency shall maintain documentation of HIV status for all foodbank clients.	1. Medical documentation or written verification from a case manager	
2. The agency shall provide expedited access to foodbank services.	2. A completed MetroCARES form for all foodbank clients.	
3. The agency shall provide all eligible clients with a variety of food items.	3. A well stocked foodbank.	
4. The agency shall ensure that all food items are in good condition.	4. No dented cans/ boxes or expired dates.	
5. The agency shall ensure that clients are able to select items for all food groups.	5. Shopping lists to allow clients to choose.	
6. The agency shall provide individuals with filtered water.	6. A supply of filtered water.	
7. The agency shall ensure that clients are not duplicating services at another organization.	7. Signed release of information forms to ensure that clients are not receiving services at another organization.	

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## ATTACHMENT H

### Quality Assurance and Protocols Food Bank

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8. The agency shall provide individuals with foodbank a maximum of twice per month.	8. A written sign in log reflecting client utilization.	
9. The agency shall document client utilization in the MetroCARES data management system.	Completed MetroCARES forms and procedures for reporting.	
10. The agency shall establish linkages with case management and other support services.	10. Letter of support/ cooperative agreements.	

#### SUGGESTED FORMS

Shopping lists

Sign in log

Release of information

Foodbank Card (if applicable)

**Quality Assurance and Protocols  
Interpreting Support Services**

*FY2005 Ryan White Title I Regional Grant*

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**INTRODUCTION**

In most cases, the process for Interpreting Support Services will include the following categories: Administration, Intake/ Eligibility, Implementation, Assessment, Confidentiality, Closure and Evaluation; exceptions may occur in emergency situations or when other models have been developed, approved and clearly defined in the SOP. The processes that guide Interpreting Support Services are described in each agency's Standard Operating Procedures manual.

**ADMINISTRATION**

***GOAL I. To provide a full range of interpreting services and provide a vital link to medical, case management and other support services for persons living with HIV/AIDS who do not speak English, are deaf or hard of hearing.***

- Objective 1. Interpreting Support Services will have well defined and structured procedures describing the range of interpreter's services provided, standards of care, quality assurance standards, record keeping methods and procedures, personnel/contractual policies, and patients' rights.
- Objective 2. When appropriate, Interpreter Support Services shall be managed by the Program Coordinator, operating under the supervision of the Director of Services.
- Objective 3. The Coordinator will work to ensure collaborative efforts with other departments and services both within and outside of his/her agency.

***GOAL II. Quality Interpreting Support Services will be provided to clients regardless of race, color, ethnicity, religion, gender, sexual orientation, marital status, age, citizenship status, or presence of disability.***

- Objective 1. The agency will ensure that the Interpreter Support Services coordinator and the interpreters, whether in-house or contractual, are properly trained and able to address the specific cultural and linguistic needs of the population they serve. Training will be provided in cross-cultural communication, cultural and linguistic competency, HIV/AIDS education, racial diversity, etc.

**INTAKE / ELIGIBILITY**

***GOAL I. All individuals who are infected with HIV/AIDS, and either do not speak or hear English, meet Ryan White I eligibility criteria, shall receive Interpreters Support Services.***

- Objective 1. The Agency shall obtain documentation of the client's HIV status from the client's referral sources prior to or upon Intake.
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### Quality Assurance and Protocols Interpreting Support Services

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- Objective 2. All clients shall access interpreter services in one of the following ways:
- i. In an agency in which there is always an interpreter during clinic hours;
  - ii. By referral from outside agencies to Interpreter Support Services;
  - iii. By referral from Interpreter Support Service for an interpreter to accompany the agency's client to outside appointments.
- Objective 3. All clients who are referred or self-refer to Interpreter Support Services shall be evaluated for current language interpreter needs: Spanish, American Sign Language, Creole, French, Korean, Vietnamese, etc.; as well as the location and type of service the client will be accessing, and the precise date and time the interpreter will be needed.

## **IMPLEMENTATION**

**GOAL I.** *The agency shall provide all eligible individuals with expedited access to Interpreter Support Services.*

- Objective 1. After initial screening the agency shall identify and make arrangement for interpreting services within **three working days** when clients indicate the need for communication support services for medical, social service and related purposes.
- Objective 2. When a client is in crisis the agency shall access an interpreter within **8 hours** of request. If this time frame is not adequate, the Interpreter Support Service coordinator will make all efforts to communicate with the client with whatever means are available to him/her (i.e. written notes, gestures, etc.)
- Objective 3. Confirmation of the interpreting arrangement is made with the client or referral sources, and the information is noted in the client's file and interpreter's log.

## **ASSESSMENT**

**GOAL I.** *To review and assess the effectiveness of the interpreting support services for the client.*

- Objective 1. The Interpreter Support Services Coordinator shall keep detailed and accurate records for each client. The records shall reflect the client's contacts with interpreting services from the initial call or visit through the initial assessment, to the interpreting plan, to follow-up referrals and results.
-

## **ATTACHMENT H**

### **Quality Assurance and Protocols Interpreting Support Services**

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- Objective 2. The coordinator shall review the interpreter's plan's needs and goals with the client at least every three months (or sooner if needed) to ensure the client's understanding, participation, and agreement with the interpreter's plan strategy.
- Objective 3. During supervision meetings, the interpreter's coordinator will provide an account of the client's progress as preparation for staff consultation.

### **CONFIDENTIALITY**

**GOAL I.** *Client's privacy and confidentiality of records will be protected.*

- Objective 1. Any information requested by other people or organizations about the client will not be provided without the written consent of the client.
- Objective 2. All information related to the client is to be kept in a secure manner as defined by the policy of each agency in their S.O.P.s or guidelines.
- Objective 3. Any transportation of client files will be done in a secure manner following the agency's S.O.P.s or guidelines.

### **CASE CLOSURE**

**GOAL I.** *Client's case closure will be implemented with utmost care and efficiency.*

- Objective 1. When possible, prior to closure, the Interpreting Support Services coordinator shall inform the client of the re-entry requirements into the Program.
- Objective 2. The agency shall retain all closed files in a secured, pre-established location for a minimum of five years after a case is terminated.

### **EVALUATION**

**GOAL I.** *The Agency shall evaluate its interpreting programs, infrastructure and client satisfaction in a regular and systematic way to achieve excellence in providing interpreter support services for its clients.*

- Objective 1. The agency shall utilize common and accepted methods of gathering data about the Interpreting Support Service delivery, such as:
    - i. Record audits: client record reviews, interpreters' logs, etc.;
    - ii. Performance audits: independent observations of service delivery, client satisfaction survey instruments, interpreter surveys, etc.; and
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### Quality Assurance and Protocols Interpreting Support Services

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**iii.** Qualitative assessments: interviewing clients and service providers, facilitating focus groups and focused discussions, etc.

Objective 2. The agency shall develop clear evaluation guidelines and timelines for internal evaluation activities.

Objective 3. The agency shall develop clear evaluation guidelines and timelines for external evaluation activities.

**Quality Assurance and Protocols  
Interpreting Support Services**

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**Quality Objectives Checklist and Evaluation Tool**

OBJECTIVES	AUDIT METHODS	OBJECTIVES MET/NOT MET	COMMENTS
<b><u>Administration</u></b> <b><u>GOAL I.</u></b> 1. Interpreting Support Services will have well defined and structured procedures describing the range of interpreter's services provided, standards of care, quality assurance standards, record keeping methods and procedures, personnel/contractual policies, and patients' rights.			
2. When appropriate, Interpreter Support Services shall be managed by the Program Coordinator, operating under the supervision of the Director of Services.			

**Audit Method**

**A. Program Documentation Review (cite document)**  
**B. Client Record Review**  
**C. Observation (cite activity)**

**D. Client Satisfaction Survey**  
**E. Self or Peer Appraisal**  
**F. Other**

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OBJECTIVES	AUDIT METHODS	OBJECTIVES MET/NOT MET	COMMENTS
3. The Coordinator will work to ensure collaborative efforts with other departments and services both within and outside of his/her agency.			
<b><u>GOAL II.</u></b> 1. The agency will ensure that the Interpreter Support Services (ISS) coordinator & the interpreters, whether in-house or contractual, are trained & able to address the specific cultural/ linguistic needs of the individual & population they serve by providing training in cross-cultural communication & cultural and linguistic competency, HIV/AIDS education, etc.			
<b><u>Intake / Eligibility</u></b> <b><u>GOAL I.</u></b> 1. The Agency shall obtain documentation of the client's HIV status from the client's referral sources prior to or upon Intake.			

#### Audit Method

- A. Program Documentation Review (cite document)
- B. Client Record Review
- C. Observation (cite activity)

- D. Client Satisfaction Survey
- E. Self or Peer Appraisal
- F. Other

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### Quality Assurance and Protocols Interpreting Support Services

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OBJECTIVES	AUDIT METHODS	OBJECTIVES MET/NOT MET	COMMENTS
2. All clients shall access interpreter services in one of the following ways: i. In an agency in which there is always an interpreter during clinic hours; ii. By referral from outside agencies to ISS; iii. By referral from ISS for an interpreter to accompany the agency's client to outside appointments.			
3. All clients who are referred or self-refer to ISS shall be evaluated for current language interpreter needs: Spanish, American Sign Language, French, Creole, etc., as well as the location and type of service the client will be accessing, and the precise date and time the interpreter will be needed.			

#### Audit Method

A. Program Documentation Review (cite document)  
B. Client Record Review  
C. Observation (cite activity)

D. Client Satisfaction Survey  
E. Self or Peer Appraisal  
F. Other

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OBJECTIVES	AUDIT METHODS	OBJECTIVES MET/NOT MET	COMMENTS
<b><u>Implementation</u></b> <b><u>GOAL I.</u></b> 1.After initial screening the agency shall identify & make arrangement for interpreting services within <b>three working days</b> when clients indicate need for communication support services for medical, social service & related purposes.			
2. When a client is in crisis the agency shall access an interpreter within <b>8 hours</b> of request. If this time frame is not adequate, the ISS coordinator will make all efforts to communicate with the client by whatever means are available to him/her (i.e. written notes, gestures, etc.)			
3. Confirmation of the interpreting arrangement is made with the client or referral sources, and the information is noted in the client's file and interpreter's log.			

#### Audit Method

**A. Program Documentation Review (cite document)**

**B. Client Record Review**

**C. Observation (cite activity)**

**D. Client Satisfaction Survey**

**E. Self or Peer Appraisal**

**F. Other**

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### Quality Assurance and Protocols Interpreting Support Services

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OBJECTIVES	AUDIT METHODS	OBJECTIVES MET/NOT MET	COMMENTS
<u>Assessment</u> <u>GOAL I.</u> 1. The ISS Coordinator shall keep detailed and accurate records for each client. The records shall reflect the client's contacts with interpreting services from the initial call or visit through the initial assessment, to the interpreting plan, to follow-up referrals and results.			
2. The coordinator shall review the interpreter's plan's needs and goals with the client at least every three months (or sooner if needed) to ensure the client's understanding, participation, and agreement with the interpreter's plan strategy.			
3. During supervision meetings, interpreter's coordinator will provide an account of the client's progress as preparation for staff consultation.			

#### Audit Method

A. Program Documentation Review (cite document)

B. Client Record Review

C. Observation (cite activity)

D. Client Satisfaction Survey

E. Self or Peer Appraisal

F. Other

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OBJECTIVES	AUDIT METHODS	OBJECTIVES MET/NOT MET	COMMENTS
<b><u>Confidentiality</u></b> <b><u>GOAL I.</u></b> 1. Any information requested by other people or organizations about the client will not be provided without the written consent of the client.			
2. All information related to the client is to be kept in a secure manner as defined in the policy of each agency, according to their S.O.P.s.			
3. Any transport of client files will be done in a secure manner following the agency's S.O.P.s guidelines.			
<b><u>Case Closure</u></b> <b><u>GOAL I.</u></b> 1. When possible, prior to closure, the ISS coordinator will inform the client of the re-entry requirements into the Program.			

#### Audit Method

A. Program Documentation Review (cite document)  
B. Client Record Review  
C. Observation (cite activity)

D. Client Satisfaction Survey  
E. Self or Peer Appraisal  
F. Other

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OBJECTIVES	AUDIT METHODS	OBJECTIVES MET/NOT MET	COMMENTS
2. The agency shall retain all closed files in a secured, pre-established location for a minimum of five years after a case is terminated.			
<b><u>Evaluation</u></b> <b><u>GOAL I.</u></b> 1. The agency shall utilize common and accepted methods of gathering data about ISS and service delivery, such as: i. Record audits: client record reviews, interpreters logs, etc.; ii. Performance audits: independent observations of service delivery, client satisfaction survey instruments, interpreter surveys, etc., iii. Qualitative assessments: interviewing clients and service providers, facilitating focus groups and focused discussions, etc.			

#### Audit Method

- A. Program Documentation Review (cite document)
- B. Client Record Review
- C. Observation (cite activity)

- D. Client Satisfaction Survey
  - E. Self or Peer Appraisal
  - F. Other
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2. The agency shall develop clear evaluation guidelines and timelines for internal evaluation activities.			
3.The agency shall develop clear evaluation guidelines and timelines for external evaluation activities.			

#### Audit Method

- A. Program Documentation Review (cite document)
- B. Client Record Review
- C. Observation (cite activity)

- D. Client Satisfaction Survey
- E. Self or Peer Appraisal
- F. Other

## **ATTACHMENT H**

### **Quality Assurance and Protocols Nutritional Support**

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#### **METROPOLITAN WASHINGTON REGIONAL HIV HEALTH SERVICES PLANNING COUNCIL**

#### **NUTRITIONAL SUPPORT QUALITY ASSURANCE PROTOCOL/EVALUATION TOOL**

### **ELIGIBILITY**

All individuals with a documented HIV/AIDS diagnosis and who meet Ryan White eligibility criteria are eligible to receive nutritional support services under the Ryan White Title I funded programs. Nutritional Support Services shall include the provision of nutritional assessment and screening, supplements, counseling, education, meal plan development and linkages with other case management and support services.

Objective 1: The agency shall obtain documentation of the clients HIV status within two weeks of intake. Verification should be maintained in the client file.

### **INTAKE**

The agency shall provide all eligible individuals with expedited access to nutritional support services. Clients can enter into nutritional support services in one of the two ways outlined below:

Objective 1: Self referral - individuals who walk in or call a nutritional support provider must provide documentation of HIV status within two weeks and complete the Metro CARES intake form.

Objective 2: Referral from a Case Manager - individuals accessing nutritional support services through their case manager, with a Metro CARES intake on file, should not be required to complete any additional information. In the event that nutritional services are not provided within the case management organization, the case manager will forward the Metro CARES intake form via Fax/Mail to the nutritional support provider.

Objective 3: All clients must be assessed for food entitlements, e.g., food stamps and WIC as well as the need for additional food resources, e.g. foodbank and soup kitchens. The assessment should be completed at the time of intake.

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## ATTACHMENT H

### Quality Assurance and Protocols Nutritional Support

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#### **PROGRAM IMPLEMENTATION**

The agency shall provide on going nutritional assessment and screening, care plan development, meal planing, nutritional supplements, and appropriate educational materials, by a Licensed Nutritionist and follow-up services to eligible individuals. (See attachments).

Objective 1: All individuals should receive a complete nutritional assessment at the time of intake into the nutritional support program. The assessment should be inclusive of, but not limited to the following items.

current medications	current medical conditions
eating habits/problems	current & ideal weight
food preparation practices	ability to purchase food items
access to nutritional supplements	ability feed self abuse
current living conditions	current substance abuse
stage of illness	need for Foodbank/Home delivered meals

Objective 2: The agency shall, through a Licensed and Registered Dietician, develop a nutritional care plan, outlining the individual's special needs, goals and a plan of action for meeting set goals. (A sample copy is attached).

Objective 3: The agency shall, through a Licensed and Registered Dietician, develop a culturally relevant meal plan for eligible clients and update on a bi-monthly basis.

#### **NUTRITIONAL SUPPLEMENTS**

The agency shall make available a variety of nutritional supplements including Ensure, Sustacal, Advera, vitamins, etc. to all eligible individuals.

Objective 1: The agency shall provide documentation of all individuals receiving nutritional supplements such as Ensure, Sustacal, Advera, Vitamins, etc. as a result of nutritional assessment or medical advice.

#### **MONITORING**

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## **ATTACHMENT H**

### **Quality Assurance and Protocols Nutritional Support**

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The agency shall provide follow-up services for all individuals receiving nutritional support services and maintain appropriate documentation in the client file and in the Metro CARES data management system.

Objective 1: The agency shall attempt to contact clients on a bi-monthly basis to re-assess the clients' nutritional needs.

Organizations providing home delivered meals will assess visual signs on a daily basis and adjust meal plans as appropriate. A complete re-evaluation will be completed at 6 month intervals.

Objective 2: The agency shall provide educational information to the care givers and significant others of individuals accessing services and document such activity in the client file.

## **COLLABORATION**

The agency shall provide documentation of collaboration with other providers to ensure that all nutritional support clients gain access to transportation, foodbank, case management or other supportive services that impact the individuals ability to participate in a nutritional support program.

Objective 1: The agency shall establish linkages with case management and other support services such as foodbank and assisted transportation to ensure that clients receive access to those services.

## **STAFFING**

The agency shall provide documentation that nutritional support services are provided by a licensed nutritionist.

## **CONFIDENTIALITY**

All client records should be maintained and stored in locked file cabinets or password protected computer systems.

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**ATTACHMENT H****Quality Assurance and Protocols  
Nutritional Support***FY2005Ryan White Title I Regional Grant*

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**NUTRITIONAL SUPPORT  
EVALUATION TOOL**

OBJECTIVE	AUDIT MEASURE	OBJECTIVE met/not met
1. The agency shall maintain documentation of HIV status for all nutritional support.	1. Medical documentation or written verification from a case manager in the client file.	
2. The agency shall provide all eligible individuals with expedited access to nutrition at support services.	2. A completed Metro CARES form for all nutritional support clients.	
3. The agency shall assess the clients nutritional needs at the time of intake.	3. Completed nutritional assessment inclusive of the areas identifies in Program Implementation (Objective 1)	
4. The agency shall assess any special needs or goals identified by the client and develop a plan of action.	4. A completed nutritional care plan in the client file. (a sample copy is attached)	
5. The agency shall develop culturally relevant meals plans for all nutritional clients and provide follow-up services on a bi-monthly basis.	5. a. A completed meal plan.  b. Documentation in the progress note of attempted/ successful follow-up contacts.	
6. The agency shall establish linkages with case management and other support services such as foodbank and assisted transportation.	6. a. Letters of collaboration.  b. Letters of support.  c. Interagency agreements.	
7. The agency shall provide follow-up services to all nutritional support clients.	7. a. Documentation in progress notes of bi-monthly contact.  b. Calendars/appointment logs.	
8. Agencies providing home delivered meals should assess visual signs daily and re-evaluations every 6 months.	8. a. Documentation on report back form completed by the volunteer.  b. Completed re-evaluation forms.	

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## ATTACHMENT H

### Quality Assurance and Protocols Nutritional Support

*FY2005Ryan White Title I Regional Grant*

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9. The agency shall provide nutritional supplements to eligible clients.	9. a. Documentation in the progress notes.  b. Sign-out sheets indicating the amount of supplements given.	
10. The agency shall provide educational information to care givers/significant others.	10. a. Brochures/pamphlets/ handout.  b. Documentation in client file indicating individual, group or family meeting involving significant others.	
11. Nutritional support services should be provided by a licensed nutritionist.	11. Copies of the appropriate licenses in the personnel file.	

**ATTACHMENT H**

**Quality Assurance and Protocols  
Nutritional Support**

*FY2005Ryan White Title I Regional Grant*

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**NUTRITIONAL SUPPORT  
CARE PLAN**

Date: \_\_\_\_\_

Identify special needs or problems impacting clients' nutritional health.

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GOALS	MET	NOT MET

Plan of action:

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Worker Signature

Client Initials

Date

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**Quality Assurance and Protocols  
Nutritional Support**

*FY2005Ryan White Title I Regional Grant*

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**LETTER OF REFERRAL**

Date: \_\_\_\_\_

Clients Name: \_\_\_\_\_

Referral Agency: \_\_\_\_\_

Address: \_\_\_\_\_

Please check the appropriate box and return to the client.

- ☐ Client made contact and received services from our agency.
- ☐ Client contacted our agency , but we were unable to provide the service that he/she needed.

\_\_\_\_\_  
Agency Representative/Date

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## **ATTACHMENT H**

### **Quality Assurance and Protocols People Living With AIDS (PWA) Advocacy Program**

*FY2005 Ryan White Title I Regional Grant*

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#### **INFORMATION, REFERRAL AND OUTREACH**

The grantee shall increase knowledge of and access to HIV/AIDS services by people living with HIV/AIDS living in the Washington D.C. EMA through a toll-free information and referral telephone line and through outreach efforts. Services shall be targeted to indigent, uninsured and underinsured residents with HIV/AIDS and their caregivers.

- Objective 1: The grantee shall fulfill incoming requests for information via a toll-free telephone line. Requests for information and referral are resolved in a timely manner by trained counselors. At a minimum, counselors document the nature of the request and the outcome of the contact.
- Objective 2: The grantee shall conduct in-person outreach contacts for the purpose of increasing awareness of and access to HIV/AIDS services. Special efforts are made to ensure that outreach efforts are successful in identifying and reaching underserved populations in the community. For each outreach contact or contact attempt outreach workers document, at a minimum, the targeted population, the location of the contact, and the outcome of the contact.

#### **PUBLICATION: HIV ALIVE!**

The grantee shall increase knowledge of and access to HIV/AIDS services by people living with HIV/AIDS living in the Washington D.C. EMA by publishing and distributing six issues of the periodical "HIV Alive!" annually. Each issue contains articles and resource listings representing the wide range of HIV/AIDS services available. In addition to resource listings, descriptions of how to access services and what to do if difficulties are encountered are included in each issue.

- Objective 1: Resource listings are complete and current. At a minimum, the grantee documents efforts to update service information twice a year.
- Objective 2: Information on eligibility for services and on case management and other advocacy programs designed to assist clients who are experiencing difficulties in accessing services are included in each issue.
- Objective 3: The grantee shall document that copies are distributed directly to PWAs and to agencies serving PWAs living in underserved communities.

#### **CONSUMER COMPLAINTS**

The grantee shall receive and process complaints regarding HIV/AIDS services in the EMA. Service complaints are handled by staff and/or volunteers who are trained/experienced in dispute resolution and who possess a strong knowledge of service grievance processes. In all cases,

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## **ATTACHMENT H**

### **Quality Assurance and Protocols People Living With AIDS (PWA) Advocacy Program**

#### ***FY2005 Ryan White Title I Regional Grant***

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PWAs and their caregivers are informed of their rights to service and of the grievance procedures that have been established for service in question.

Objective 1: All complaints received are recorded in an electronic database. The database will be used by the grantee to monitor the status of individual complaints and to identify trends in service difficulties using cumulative data. At a minimum, documentation of complaints shall include:

- The nature of the complaint
- The time and date the complaint was received
- Actions taken to resolve the complaint
- Staff or volunteers involved in resolving the complaint
- Final resolution of the complaint

Objective 2: The grantee shall document activities and progress toward resolution of the complaint at all points of the established grievance process.

Objective 3: The grantee shall demonstrate community awareness of its role as entry point for resolution of HIV/AIDS service complaints.

#### **PUBLICATION: THE PLHIV RESOURCE HANDBOOK**

The grantee shall increase knowledge of and access to HIV/AIDS services by people living with HIV/AIDS living in the Washington D.C. EMA by annually publishing and distributing at least one issue of the regionally specific PLHIV Resource Handbook (The Handbook). The Handbook contains resource listings representing the wide range of HIV/AIDS services available. In addition to resource listings, descriptions of how to access services and what to do if difficulties are encountered are included.

Objective 1: The grantee shall ensure up-to-date information in The Handbook on all services in the EMA by updating program information at least once a year.

Objective 2: Information on clients rights, eligibility for services and on case management and other advocacy programs designed to assist clients who are experiencing difficulties in accessing services are included in each issue.

Objective 3: The grantee shall document that copies are distributed directly to PWAs and to agencies serving PWAs living in underserved communities.

#### **CONFIDENTIALITY**

Every effort shall be made to ensure that communication with PWAs and their caregivers are kept confidential.

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## **ATTACHMENT H**

### **Quality Assurance and Protocols People Living With AIDS (PWA) Advocacy Program**

#### ***FY2005 Ryan White Title I Regional Grant***

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- Objective 1: All records that include information on client identity are maintained by the grantee in locked files or in password-protected computer systems.
- Objective 2: All grantee staff and volunteers involved with the PWA Advocacy Program are trained in maintaining the confidentiality of client information.
- Objective 3: All grantee staff and volunteers who are not directly involved with the PWA Advocacy Program will receive a written statement of the grantees policy on confidential client information.
-

## ATTACHMENT H

### Quality Assurance and Protocols People Living With AIDS (PWA) Advocacy Program

*FY2005 Ryan White Title I Regional Grant*

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#### PEOPLE LIVING WITH AIDS (PWA) ADVOCACY PROGRAM QUALITY ASSURANCE EVALUATION TOOL

INFORMATION, REFERRAL AND OUTREACH		
OBJECTIVE	AUDIT MEASURE	OUTCOME (MET/NOT MET)
1A. Incoming requests for information are fulfilled via an advertised toll-free telephone line.	Dedicated toll-free telephone service, published hours of operation and adequate staffing are documented.	
1B. Requests for information and referral are resolved within 48 hours by trained counselors in 80 percent of contacts.	Documentation of time and date of initial call and time and date of final outcome.	
1C. Counselors document the nature of the request and the outcome of the contact in 80 percent of the requests received.	Documentation of the nature of the request and the outcome of the contact.	
2A. The grantee shall conduct in-person outreach contacts for the purpose of increasing awareness of and access to HIV/AIDS services.	Documentation of staff and volunteer outreach contacts is maintained, including numbers of contacts by target population and types of information provided.	
2B. Special efforts are made to ensure that outreach efforts are successful in identifying and reaching underserved populations in the community.	Planning documents, policies, procedures, and contact records exist that demonstrate identification of and service to underserved populations.	
2C. For 80 percent of outreach contacts or contact attempts, outreach workers document, at a minimum, the targeted population, the location of the contact, and the outcome of the contact.	Computer-based or written records exist and are complete.	

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## ATTACHMENT H

### Quality Assurance and Protocols People Living With AIDS (PWA) Advocacy Program

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PUBLICATION: <u>HIV ALIVE!</u>		
OBJECTIVE	AUDIT MEASURE	OUTCOME (MET/NOT MET)
1A. The grantee documents efforts to update service information twice a year.	Completed and dated agency survey forms or other written verification of attempts to verify program information.	
2A. Information on eligibility for services and on case management and other advocacy programs designed to assist clients who are experiencing difficulties in accessing services are included in each issue.	Review of published copies of “ <u>HIV Alive!</u> ” for the period.	
3A. The grantee shall document that copies are distributed directly to PWAs and to agencies serving PWAs living in underserved communities.	Distribution schedule, mailing lists, or other documentation of distribution and evidence of final recipients.	

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**ATTACHMENT H**

**Quality Assurance and Protocols  
People Living With AIDS (PWA) Advocacy Program**

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<b>CONSUMER COMPLAINTS</b>		
<b>OBJECTIVE</b>	<b>AUDIT MEASURE</b>	<b>OUTCOME (MET/NOT MET)</b>
1A. 100% of complaints received are recorded in an electronic database.	Records of incoming calls/correspondence compared with database.	
2A. The database will be used by the grantee to monitor the status of individual complaints and to identify trends in service difficulties using cumulative data.	Period reports generated to track status of complaints and to provide information on trends.	
Minimum documentation of 100% of complaints received shall consist of:  3A. The nature of the complaint;  3B. The time and date the complaint was received;  3C. Actions taken to resolve the complaint;  3D. Staff or volunteers involved in resolving the complaint;  3E. Final resolution of the complaint.	Database reports listing required information by call received.	
4A. The grantee shall document activities and progress toward resolution of the complaint at all points of the established grievance process.	Reports on the status of pending grievances or complaints are generated at least weekly.	
5A. The grantee shall increase community awareness of its role as entry point for resolution of HIV/AIDS service complaints.	Documentation of efforts to publicize the PWA Advocacy Program and written plan to increase awareness in underserved communities.	

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## ATTACHMENT H

### Quality Assurance and Protocols People Living With AIDS (PWA) Advocacy Program

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PUBLICATION: THE PLHIV RESOURCE HANDBOOK		
OBJECTIVE	AUDIT MEASURE	OUTCOME (MET/NOT MET)
1A. The grantee shall ensure up-to-date information in The Handbook on all services in the EMA by updating program information at least once a year.	Completed written or telephonic agency surveys completed on 80% of agencies in The Handbook.	
2A. Information on clients rights, on eligibility for services and on case management and other advocacy programs designed to assist clients who are experiencing difficulties in accessing services are included in each issue.	Review of past issues of The Handbook for descriptions of access services.	
3A. The grantee shall document that copies are distributed directly to PWAs and to agencies serving PWAs living in underserved communities.	Records of distribution of The Handbook.	

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## ATTACHMENT H

### Quality Assurance and Protocols People Living With AIDS (PWA) Advocacy Program

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<b>CONFIDENTIALITY</b>		
<b>OBJECTIVE</b>	<b>AUDIT MEASURE</b>	<b>OUTCOME (MET/NOT MET)</b>
1A. All records that include client identifying information of any type are maintained by the grantee in locked files or in password-protected computer systems.	Written policies and procedures published and distributed to staff and volunteers, including schedule for changing computer passwords.	
2A. All grantee staff and volunteers involved with the PWA Advocacy Program are trained in maintaining the confidentiality of client information.	Written policies and procedures exist that describe staff and volunteer confidentiality training. The date training was completed by each staff member and volunteer is noted.	
3A. All grantee staff and volunteers who are not directly involved with the PWA Advocacy Program will receive a written statement of the grantees' policy on confidential client information.	Written policies and procedures exist that describe staff and volunteer confidentiality training. The date the written information was received by each staff member and volunteer is noted.	

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## **ATTACHMENT H**

### **Quality Assurance and Protocols Volunteer Coordination**

*FY2005 Ryan White Title I Regional Grant*

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#### **ELIGIBILITY**

The agency shall provide all individuals with a documented HIV/AIDS diagnosis and who meet Ryan White Title I eligibility criteria with access to volunteer services. Volunteer coordination is the provision of volunteer services to Persons Living with HIV/AIDS (PLWA/PLHIV), caregivers and other service providers. The organization providing volunteer services will screen all individuals to determine their eligibility to provide volunteer services.

Objective 1: The agency shall establish eligibility criteria and maintain written documentation of such criteria in the agencies procedural manual or volunteer handbook.

#### **INTAKE**

The agency shall complete an intake form on all volunteers in order to receive credit for the volunteer hours performed.

Objective 1: The agency shall collect pertinent demographic information on all volunteers. Demographic information shall include, but not be limited to name, date of birth, race, gender, address including zip code.

- Whenever possible MetroCARES data should be used.

#### **PROGRAM IMPLEMENTATION**

Objective 1: The agency shall ensure that volunteers receive information regarding the agencies policies for confidentiality and liability.

Objective 2: The agency shall assess the volunteers' availability, special skills, training and education.

Objective 3: The agency shall ensure that all direct service volunteers receive a minimum of 4 hours of basic HIV/AIDS education, sensitivity training and other training relative to assigned tasks.

Objective 4: The agency shall maintain a listing of volunteer service categories i.e. fundraising, administrative support, advocacy, resources developer, buddy program.

Objective 5: The agency shall maintain records of all volunteer coordination hours performed. Hours shall be documented through the use of service verification forms, volunteer timesheets, logbooks or sign-in sheets. (See attachment).

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## **ATTACHMENT H**

### **Quality Assurance and Protocols Volunteer Coordination**

*FY2005 Ryan White Title I Regional Grant*

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#### **MONITORING**

The agency shall monitor all volunteer services on a regular basis to ensure that quality services are provided without prejudice or discrimination.

Objective 1: The agency shall differentiate between direct and indirect volunteer hours when reporting data in the MetroCARES data management system.

- Direct hours are those hours spent with individuals.
- Indirect hours include administrative and other hours where there is no direct contact with clients.

#### **CONFIDENTIALITY**

All volunteer files should be maintained and stored in locked file cabinets.

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**ATTACHMENT H****Quality Assurance and Protocols  
Volunteer Coordination***FY2005 Ryan White Title I Regional Grant*

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**EVALUATION TOOL**

OBJECTIVE	AUDIT MEASURE	OBJECTIVE met/not met
1. The agency shall establish volunteer eligibility criteria.	1. Written criteria in the volunteer handbook or procedural manual.	
2. The agency shall collect pertinent demographic information on all volunteers.	2. A completed MetroCARES form or revised intake on all volunteers.	
3. The agency shall ensure that all volunteers receive information regarding the agencies policies for confidentiality, reporting and liability.	3. A signed volunteer agreement.	
4. The agency shall assess the volunteers' availability, special skills, training and education.	4. A completed volunteer assessment for all volunteers.	
5. The agency shall ensure that all direct service volunteer receive a minimum of 4 hours of HIV/AIDS education and sensitivity training.	5. Sign in sheet for training hours.	

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## ATTACHMENT H

### Quality Assurance and Protocols Volunteer Coordination

*FY2005 Ryan White Title I Regional Grant*

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6. The agency shall maintain a listing of all eligible volunteers.	6. A complete listing.	
7. The agency shall maintain records of all volunteer hours performed.	7. Service verification forms, sign in sheets, logbooks and timesheets.	
8. The agency shall ensure that client and volunteer confidentiality is maintained at all times.	8 A. all documents shall be kept in locked file cabinets and accessed by authorized staff only. Written procedures for confidentiality can be found in the procedural manual/handbook or volunteer handbook.	

#### SUGGESTED FORMS

Intake form  
Service Verification form  
Sign in sheet  
Volunteer agreement  
Volunteer assessment

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## ATTACHMENT H

### Quality Assurance and Protocols Volunteer Coordination

*FY2005 Ryan White Title I Regional Grant*

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#### VOLUNTEER AGREEMENT

I, (print your name) \_\_\_\_\_, agree to serve in the capacity of a volunteer for **AGENCY A**. I fully understand that the services I provide for the agency are to be rendered without any expectation of personal remuneration or gain of any kind, financial or otherwise.

I understand that in the course of my volunteer work I may learn the identity and other information concerning clients and volunteers of the agency. I agree that all such information is to be treated as completely confidential. I agree not to disclose the names or any other information concerning agency clients or volunteers to any person not also affiliated with the agency and authorized by the agency to whom such information pertains.

I agree to provide considerate and respectful care for any client of the agency, without prejudice or discrimination of any kind. I agree to provide services in a non-judgmental manner, without regard to sexual orientation, gender, race, religion, physical capabilities, educational level, political opinion or income. As an agency volunteer, I am willing to examine my own beliefs and to learn about others' cultures and values.

I fully understand that I am not allowed to direct the decisions, medical or otherwise, of any client of the clinic, nor those of the client's family or significant others. I will respect the client's right to refuse or terminate agency services at any time.

I agree to respect appointment times and places as agreed upon with a client or my supervisor. I will change appointments only when absolutely necessary, and only with prior notification to the client and supervisor.

I agree to provide quality services as a agency volunteer, and to refer clients requests for services that I am not specifically trained to provide to appropriate agency staff and volunteers as needed.

I agree to attend training sessions and team/supervisory/support meetings that are required of this position.

I agree to fully and accurately complete any forms and reports required of this position in a timely and accurate manner.

I agree to be receptive to constructive suggestions and supervision from my supervisor. I agree to bring any problems that may arise in the course of my volunteer service directly to my supervisor or resolution before approaching other agency personnel.

I recognize that, as a volunteer of the agency my role is to provide services that are in the best interest of the client(s). If a situation should arise that might cause a conflict of interest, I agree to inform my supervisor immediately.

I agree not to hold the agency, its officers, staff, volunteer, or clients liable for my contracting AIDS related diseases or any other illness in the very unlikely event that this may result from my volunteer service to agency clients.

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**ATTACHMENT H**

**Quality Assurance and Protocols  
Volunteer Coordination**

*FY2005 Ryan White Title I Regional Grant*

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Volunteer's signature

Date

---

Volunteer's address

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City, State, and ZIP Code

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Home Phone

Work Phone

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## ATTACHMENT H

## Quality Assurance and Protocols

## Volunteer Coordination

*FY2005 Ryan White Title I Regional Grant*

# VOLUNTEER SIGN IN SHEET

[illegible]

**ATTACHMENT H**

**Quality Assurance and Protocols  
Volunteer Coordination**

*FY2005 Ryan White Title I Regional Grant*

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**SERVICE VERIFICATION FORM**

Client Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Please describe the services you provided for the client (include any significant changes in behavior or mood):

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**TOTAL HOURS** \_\_\_\_\_ **DATE** \_\_\_\_\_

I, \_\_\_\_\_ (client), verify that the above services were provided  
for me by \_\_\_\_\_ (volunteer).

Client Signature \_\_\_\_\_

Volunteer Signature \_\_\_\_\_

Verification Signature \_\_\_\_\_

***FOR OFFICE USE ONLY:***

*Client Code* \_\_\_\_\_

*Data Entry Date* \_\_\_\_\_

*Service Code* \_\_\_\_\_

*Entered* \_\_\_\_\_ *by* \_\_\_\_\_

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## **ATTACHMENT I**

### **Budget and Budget Narratives**

*FY2005 Ryan White Title I Regional Grant*

## **WASHINGTON, D. C. EMA BUDGET FORMS AND INSTRUCTIONS**

### **Categorical Budgets**

#### **Instructions for Completing Budgets and Budget Narratives**

##### **INTRODUCTION:**

A Line-Item Categorical budget form must be submitted for each service category included in an award for Ryan White Title I grant funds. The justification column must support all proposed costs in detail, including Metro Cares.

##### **ADMINISTRATION AND PROGRAM SERVICE COSTS:**

Use the Administration column to detail administrative costs, such as management and oversight activities and program support (i.e. time spent by program director or supervisory activities, quality assurance, routine reporting). Administration Costs may be shown as direct costs, indirect costs, or a combination of both direct and indirect costs. Indirect cost can only be budgeted if the sub-grantee has a Federally approved indirect rate, that must be submitted with the application. Use the Program Service column to detail the costs of the activities that directly meet the grants purpose (i.e. seeing clients, prescriptions, etc.).

**Total Administration (#27) cannot be greater than 10% of the Total Budget (#29).**

##### **TOTALS:**

Use the Total columns to sum the rows.

Use the Total row to sum the columns.

##### **LINE ITEM DEFINITIONS:**

The narrative budget justification must accompany the categorical budget and must include, at a minimum, the following:

##### **PERSONNEL:**

Provide the title of positions, a brief description of the duties and responsibilities, the percentage of time to be devoted to and paid for by this grant, and the amount budgeted for each position. If the position is filled, provide the name of the employee. If the position is vacant, indicate such and provide an estimated date when the position will be filled.

##### **FRINGE BENEFITS:**

Provide the aggregate amount of fringe benefit attributed to each position. Most agencies describe fringe benefits costs as a percentage of salaries and wages. List the components of fringe benefits in your agency, for example FICA, health, life insurance, retirements, etc.

##### **TRAVEL:**

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## **ATTACHMENT I**

### **Budget and Budget Narratives**

#### ***FY2005 Ryan White Title I Regional Grant***

All travel must directly benefit and be specific to the work supported by this grant. Explain travel that is anticipated during the budget/contract period. Be specific. Who is traveling, why, when and where are they traveling?

Please specify your mileage reimbursement rate if you budget travel expenses.

#### **EQUIPMENT:**

List only equipment that is being purchased with grant funds. Be specific in describing what equipment is being purchased, who will use the equipment and why it is necessary to purchase the equipment. A purchase versus lease analysis should be done for large dollar items. Cost sharing must be applied when equipment will be used for other than Ryan White Title I activities. (e.g., A computer and printer are purchased to comply with AAR reporting requirements. The employee responsible for this activity will devote 30% of his/her 40-hour week to the Title I activities; 70% of his/her 40-hour week will be devoted to activities unrelated to Title I activities. The computer and printer are used 100% of the 40-hour week. Title I funds should bear the fare share of 30% of the total cost of the equipment).

#### **SUPPLIES:**

This category includes the various supplies necessary to carry out the planned service. An amount and description must be provided for each cost item identified:

- Computer software
- Drug prescriptions
- Medical supplies
- Grocery bags of food
- Food vouchers
- Laboratory tests
- Transportation vouchers/reimbursements (for transportation of clients, NOT Ryan White personnel)
- Etc.

A cost for each item must be provided, and the items of cost should be distributed between direct program costs and direct administration costs, as appropriate.

#### **OTHER:**

This category includes such items as rent, printing of brochures, telephone, postage, and utilities, interpreter fees, insurance, equipment maintenance (items that are not supplies or equipment). An amount and description must be provided for each cost item identified in this category, including who will benefit and why it is necessary. A cost for each item must be provided, and the items of cost should be distributed between direct program costs and direct administration costs.

#### **CONTRACTUAL:**

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## ATTACHMENT I

### Budget and Budget Narratives

#### *FY2005 Ryan White Title I Regional Grant*

This category will include the costs of services for clients, and for administration, secured from consultants or contractors for the purpose of the grant.

Contractual services may include private-provider dental visits or specialty physician visits. Please provide the name of the contracting agency (i.e. Medical Associates), list the hourly rate and the number of hours expected to complete the service.

#### **INDIRECT/OVERHEAD**

Refers to costs not included in the categories above and relates only to costs associated with the Administration of the grant. This line may only be used by applicant agencies with a Federally approved indirect cost rate in accordance with the applicable Cost Principles and in accordance with legislative limitations of administration. You will be required to provide documentation which verifies that rate and the federal agency approving the rate. The narrative should include a general description of costs contained in the indirect rate, and the methodology for this calculation (i.e. based on time as demonstrated through timesheets).

#### **EXAMPLE BUDGET AND BUDGET NARRATIVE**

A Sample Budget follows for a vendor awarded \$86,932 to provide Case Management service:

## ATTACHMENT I

### Budget and Budget Narratives

*FY2005 Ryan White Title I Regional Grant*

**Column one: Services to be Funded**

Identify each service category for which you are requesting funding.

**Column two: Target Population and Number of Unduplicated Clients to be Served** Identify the target population and specific number of clients to be served. Please use this space to identify the population you will serve in this service category. Please include any or targeted populations that are specific to your program. Describe, for example, the geographic area to be served any priorities by stage of disease, etc. If you are targeting a particular at-risk population or group in need, please also identify. (For example, Hispanic outreach; women and children; etc.)

**Column three: Total # of Each Service Unit(s) to be Provided**

Identify the number of service units. Please refer to the Implementation Plan (Attachment J). Please list each major service unit and the total number of units to be provided. Please refer to the list of current Ryan White Service Units, contained in the appendix in your Title I RFA. *Refer to the Implementation plan. Attachment J, for required service units.*

**Column four: Budgeted Cost** should identify the total budget for the service category. Provide the total cost for the service category. This figure should be the same as the total contained in the Budget (Attachment I) for the service category.

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**ATTACHMENT I****Budget and Budget Narratives***FY2005 Ryan White Title I Regional Grant***WASHINGTON, DC EMA****SAMPLE BUDGET****Service category No: 3****Service category Name: Case Management**

<b>CATEGORY</b>	<b>ADMINISTRATION</b>	<b>PROGRAM SERVICE</b>	<b>TOTAL</b>	<b>JUSTIFICATION</b>
<b>Personnel</b>	<b>1</b>	<b>2</b>	<b>3</b>	
1. Case Manager - J. Doe	\$	\$ 15,000	\$ 15,000	35% FTE; Develops and Maintains AIDS Case Management Services; supervises case management staff and acts as a case manager; develops and implements quality assurance procedures; provides for linkages to appropriate area agencies. MSW AND license required.
2. Case Manager - D. Smith		\$ 28,297	\$ 28,297	100% FTE; Provides direct service in the form of case management to clients about to be and/or recently released from correctional facilities. BSW or MSW, Social Work License required (LSW, LGSW, LISW, LICSW).
<b>Total Personnel</b>	\$	\$ 43,297	\$ 43,297	
<b>Fringe Benefits</b>	<b>4</b>	<b>5</b>	<b>6</b>	20% of Total Salary and Wages includes life and health insurance, unemployment, Social Security Retirement and worker's compensation.
	\$	\$ 8,659	\$ 8,659	
<b>Travel</b>	<b>7</b>	<b>8</b>	<b>9</b>	66 mi/mo x 12 mo @ \$24/mi J. Doe & D. Smith to visit patients in their homes, transport patients. Attend meetings within the area.
	\$	\$ 190	\$ 190	
<b>Equipment</b>	<b>10</b>	<b>11</b>	<b>12</b>	

# ATTACHMENT I

## Budget and Budget Narratives

### *FY2005 Ryan White Title I Regional Grant*

		\$ -	\$ -	
<b>Supplies</b>	<u>13</u>	<u>14</u>	<u>15</u>	<b>General office supplies @ \$750 and purchase of minor equipment such as calculators @ \$200 and computer disketts @ \$50.</b>
	\$ 250	\$ 750	\$ 1,000	
<b>Contractual</b>	<u>16</u>	<u>17</u>	<u>18</u>	<b>1 d. Consultants (Infec. Disease Inc.) @ \$211/visit, 30 patients x 3 visits/year; Account to perform General Ledger journal entries and produce financial statements @ \$4,596.</b>
		\$ 18,990	\$ 18,990	
<b>Other</b>	<u>19</u>	<u>20</u>	<u>21</u>	<b>Rent-Pro-rate share for RW, based on staff time = \$7,000 Xerox &amp; Postage = \$200</b>
<b>Subtotal Direct Costs</b>	<u>22</u>	<u>23</u>	<u>24</u>	
	\$ 250	\$ 79,086	\$ 79,336	
<b>Indirect/Overhead</b>	<u>25</u>		<u>26</u>	<b>Includes audit, executive director's &amp; division manager's time based on % of time allocated to Ryan White Title I as demonstrated through timesheets.</b>
	\$ 7,596		\$ 7,596	
<b>TOTAL:</b>	<u>27</u>	<u>28</u>	<u>29</u>	
	\$ 7,846	\$ 79,086	\$ 86,932	

**ATTACHMENT J****Table 10: GY 2004 Implementation Plan****EMA: Washington, DC EMA***FY2005 Ryan White Title I Regional Grant***Prepared by:  
HIV/AIDS Administration****Table 10: GY 2004 Implementation Plan****EMA: Washington, DC EMA****Prepared by:  
HIV/AIDS Administration****Priority 1: Primary Medical****Goal: To improve or maintain health status outcomes consistent with PHS guidelines.*****Service Objectives: Increase by 12% the total funding for primary medical services; at the end of the grant period, the EMA will:***

<ol style="list-style-type: none"> <li>Expand the menu of medical services intended to improve quality of care.</li> <li>Increase by 2% the number PLWH/A who enter care within 3 months of diagnosis;</li> <li>Maintain level of effort to provide primary medical care to old and new PLWH/As residing in outlying areas of the EMA;</li> <li>Increase by 5% the number of PLWH/A who access medical services and who are socially and economically challenged, with little or no means of access to affordable care; specifically the homeless, IDUs, incarcerated or newly released PLWHAs, women, and the youth.</li> <li>Improve coordination of care through improved communication with case managers and other providers within the EMA;</li> <li>Improve quality of services through site visits and regular meetings with providers.</li> </ol>	<b>Targets</b>		<b>Totals</b>		<b>Budget</b>	
	# of People		<b>Total:</b>	<b>6277</b>	<b>Total:</b>	<b>\$ 8,388,481</b>
	MSM of color	1226	Reg:	5402	Reg:	\$ 7,292,696
	IDU	916				
	Women	1628				
	Youth	1034				
	Homeless	400				
	<b>Total:</b>	<b>5204</b>				
	# of people		MAI:	699	MAI:	\$ 959,825
	Other sub abuse	92				
	Immigrants	109				
	Incarcerated	291				
	<b>Total:</b>	<b>492</b>				
	# of people		Rural:	176	Rural:	\$ 135,960
	Rural:	63				
	MSM , white	20				
	Older adults	20				
	<b>Total:</b>	<b>103</b>				
<b><i>Service Components</i></b>	<b><i>Service Measure</i></b>	<b><i>Service Units</i></b>		<b><i>Time Frame</i></b>	<b><i>Notes</i></b>	
Physician office visits	# of hours of visits	Reg:	21608	12 months	4 visits per year	
		MAI:	2794			

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		Rural:	704		
		Total:	25106		
Specialty care visits	# of hours of specialty visits	Reg:	270	12 months	As needed
		MAI:	35		
		Rural:	9		
		Total:	314		
Routine laboratory tests	# of tests performed	Reg:	21608	12 months	4 routine tests per year or as needed; tests may include: diagnostic blood chemistry panels; hemograms; OB/gyn panel; PAP smears, etc.
		MAI:	2794		
		Rural:	704		
		Total:	25106		
Table 10: GY 2004 Implementation Plan					
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CD4 and viral load tests	# of tests performed	Reg:	21608	12 months	4 tests per client per year
		MAI:	2794		
		Rural:	704		
		Total:	25106		
Screening tests for STD's	# of Syphilis, gonorrhea and chlamydia tests performed	Reg:	As	12 months	1 each test per client per year
		MAI:	Indicated		
		Rural:			
		Total:			
Tuberculosis screen and follow-up chest x-ray as needed	# of TB screens performed	Reg:	As	12 months	2 tests per client per year
		MAI:	Indicated		
		Rural:			
		Total:	0		
HAART therapy, new and old clients	# of therapies initiated and continued	Reg:	3000	12 months	Track by type of regimen
		MAI:	419		
		Rural:	35		

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		<b>Total:</b>	<b>3454</b>		
Hepatitis screening	# of test performed	Reg:	As	12 months	1 test per client per year as indicated by elevations of markers for abnormal liver function
		MAI:	Indicated		
		Rural:			
		<b>Total:</b>			
Resistance testing	# of baseline and follow-up test performed	Reg:	As	12 months	2 tests per client per year
		MAI:	Indicated		
		Rural:			
		<b>Total:</b>	<b>0</b>		

**Table 10: GY 2004 Implementation Plan**

**EMA: Washington, DC EMA**

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## Priority 2: Case Management

**Goal: To coordinate care and facilitate access to HIV services.**

**Service Objectives: Increase by 9% the total budget for case management; specifically, at the end of the grant period, the EMA will:**

		Targets		Totals		Budget	
		# of People		Total:	6277	Total:	\$ 3,673,485
1	Facilitate access to primary medical care and other services using a needs based model that emphasizes physiologic, psycho-social and economic needs.	MSM of color	1226	Reg:	5402	Reg:	\$ 3,052,341
2	Improve coordination of care provided to PLWH/A through timely referrals and follow-up;	IDU	916				
3	Increase the number by 5% of PLWH/A with special needs like the incarcerated, women, MSMs, and IDUs who will access medical care.	Women	1628				
4	Increase by 2% the number of newly diagnosed PLWH/As who are referred to a medical provider.	Youth	1034				
5	Provide an opportunity to improve care giving and communication across RW provider agencies through regular professional meetings.	Homeless	400				
6	Improve quality of care through site visits and regular meetings with providers.	Total:	5204				
		# of people		MAI:	699	MAI:	\$ 510,035
		Other sub abuse	92				
		Immigrants	109				
		Incarcerated	291				
		Total:	492				

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	# of people		Rural:	176		Rural:	\$	111,109
	Rural:	63						
	MSM , white	20						
	Older adults	20						
	<b>Total:</b>	<b>103</b>						

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Service Components	Service Measure	Service Units		Timeframe	Notes
Face to face contact	# of hours provided	Reg:	21608	12 months	6 visits per client per year
		MAI:	2796		
		Rural:	704		
		Total:	25108		
Comprehensive assessments/updates to care plan	# of assessments completed	Reg:	9944	12 months	1 per new client or 1 update per old client per year
		MAI:	1196		
		Rural:	318		
		Total:	11458		
Telephone contacts, all types	# of telephone contact hours provided	Reg:	43216	12 months	12 client calls per year at minimum; collateral calls as needed
		MAI:	5592		
		Rural:	1408		
		Total:	3200		
Referrals	# of referrals made	Reg:	32412	12 months	As needed
		MAI:	4194		
		Rural:	1056		
		Total:	2400		
Entitlement counseling	# of counseling hours	Reg:	2107	12 months	As needed
		MAI:	273		
		Rural:	69		
		Total:	156		
Priority 3: Emergency Drug Assistance		Goal: To make available FDA approved antiretroviral and other medications to eligible PLWH/A.			

**ATTACHMENT J****Table 10: GY 2004 Implementation Plan****EMA: Washington, DC EMA***FY2005 Ryan White Title I Regional Grant***Prepared by:  
HIV/AIDS Administration*****Service Objectives: At the end of the grant period, the EMA will:***

1. Provide life saving medications to PLWH/A on an emergency basis until a permanent source like ADAP can be established.
2. Improve quality of care through site visits and regular meetings with providers.

Targets				Budget	
# of People		Totals			
Reg:	1381			Reg:	\$ 1,332,155
MAI:	0			MAI:	\$ -
Rural:	27			Rural:	\$ 48,929
<b>Total:</b>	<b>1409</b>			<b>Total:</b>	<b>\$ 1,381,084</b>

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<i>Service Components</i>	<i>Service Measure</i>	<i>Service Units</i>		<i>Time Frame</i>	<i>Notes</i>
ART or other related prescription	# of prescriptions issued	Reg:	12983	12 months	30-day supply per client per year at minimum
		MAI:			
		Rural:	258		
		<b>Total:</b>	<b>13242</b>		

**Priority 4: Dental Care****Goal: Improve/maintain dental health status outcomes consistent with PHS guidelines.*****Service Objectives: Increase by 10% the total budget for dental services; specifically at the end of the grant year, the EMA will:***

1. Increase by 8% the number of PLWH/A who access RW dental services.
2. Provide referrals to RW medical care or other services for PLWH/As who do not have a regular source of medical care;
3. Coordinate with primary care provider for oral health problems that may complicate HIV disease management;
4. Encourage individuals who are at high risk to take HIV testing when indicated.
5. Improve quality of care through site visits and regular meetings.

Targets				Budget	
# of People		Totals			
Reg:	2081			Reg:	\$ 1,267,186
MAI:	123			MAI:	\$ 69,134
Rural:	47			Rural:	\$ 27,859
<b>Total:</b>	<b>2252</b>			<b>Total:</b>	<b>\$ 1,364,179</b>

<i>Service Components</i>	<i>Service Measure</i>	<i>Service Units</i>		<i>Time Frame</i>	<i>Notes</i>
Treatment visits (including specialty dental visits)	# of visits	Reg:	2706	12 months	As needed

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	provided	MAI:	160		
		Rural:	62		
		<b>Total:</b>	<b>2927</b>		
Dental screening and prophylaxis	Screenings	Reg:	2081	12 months	1 visit per client per year
		MAI:	123		
		Rural:	47		
		<b>Total:</b>	<b>2252</b>		

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HIV/AIDS Administration****Priority 5: Subs Abuse Treatment/Counseling****Goal: Improve the quality of life of PLWH/A with substance abuse problems.*****Service Objectives: Increase by 7% the total budget for this service; specifically, at the end of the grant year, the EMA will:***

1. Provide substance abuse interventions to PLWH/A who abuse substances or inject drugs so that they can maintain a drug-free lifestyle at the same time manage their HIV conditions.
2. Maintain level of effort of substance abuse services, with special emphasis on those who are triply diagnosed with substance abuse, mental disorders, and HIV.
3. Improve quality of services through site visits and regular meetings with providers.

Targets				Budget	
# of People		Total			
Reg:	1,087			Reg:	\$ 1,115,334
MAI:	157			MAI:	\$ 121,599
Rural:	4			Rural:	\$ 3,750
<b>Total:</b>	<b>1,248</b>			<b>Total:</b>	<b>\$ 1,240,683</b>

<i>Service Components</i>	<i>Service Measure</i>	<i>Service Units</i>		<i>Time Frame</i>	<i>Notes</i>
Initial/Follow-up assessment visit	# of assessments completed	Reg:	1,087	12 months	2 per client per year
		MAI:	157		
		Rural:	4		
		<b>Total:</b>	<b>1,248</b>		
Individual counseling sessions	# of hours provided	Reg:	5437	12 months	6 visits per client per year at minimum
		MAI:	783		
		Rural:	20		
		<b>Total:</b>	<b>6240</b>		
Group counseling sessions	# of attendees per session	Reg:	10873	12 months	10 sessions per client per year
		MAI:	1567		
		Rural:	40		

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<i>Service Components</i>	<i>Service Measure</i>	<i>Service Units</i>		<i>Time Frame</i>	<i>Notes</i>		
Psycho-social assessment/re-assessment visit	# of assessments completed	Reg:	2488	12 months	1 visit per client per year		
		MAI:	91				
		Rural:	21				
		<b>Total:</b>	<b>2601</b>				
Individual counseling sessions	# of hours provided	Reg:	9332	12 months	5 visits per client at minimum		
		MAI:	342				
		Rural:	80				
		<b>Total:</b>	<b>9754</b>				
Group counseling sessions	# of attendees per session	Reg:	10368	12 months	5 sessions per client at minimum		
		MAI:	380				
		Rural:	89				
		<b>Total:</b>	<b>10837</b>				
<b>Priority 7: Housing/Emergency Rental Assistance</b>		<b>Goal: Improve the quality of life of PLWH/A.</b>					
<b>Service Objectives: To increase by 21% total budget for this service; at the end of the grant year, the EMA will:</b>							
1. Provide emergency relief to 460 (29% increase) PLWH/A who are at risk of losing housing; 2. Refer PLWH/A to agencies that may help in establishing a stable or permanent housing. 3. Improve quality of services through site visits and regular meetings with providers.	Targets			Time Frame	Budget		
	# of People		Total				
	Reg:	455				Reg:	\$ 584,202
	MAI:	0				MAI:	\$ -
	Rural:	5				Rural:	\$ 1,450
	<b>Total:</b>	<b>460</b>				Total:	<b>\$ 585,652</b>
<i>Service Components</i>	<i>Service Measure</i>	<i>Service Units</i>		<i>Time Frame</i>	<i>Notes</i>		
Rental assistance vouchers	# of vouchers	Reg:	455	12 months	\$1300.00 per client per year maximum		

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	issued	MAI:			
		Rural:			
		<b>Total:</b>	<b>455</b>		

**Table 10: GY 2004 Implementation Plan**

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**Priority 8: DEFA-Emergency Food Vouchers**

**Goal: Improve the quality of life of PLWH/A**

***Service Objectives: Increase by 5% the total funding for food vouchers; at the end of the grant period, the EMA will:***

1. Provide emergency relief vouchers to PLWH/A for food and other personal care items. 2. Improve quality of services through site visits and regular meetings with providers.	Targets					Budget	
	# of People		Total				
	Reg:	2,848				Reg:	\$ 395,806
	MAI:	0				MAI:	\$ -
	Rural:	60				Rural:	\$ 16,198
	<b>Total:</b>	2,907				<b>Total:</b>	\$ 412,004

<i>Service Components</i>	<i>Service Measure</i>	<i>Service Units</i>		<i>Time Frame</i>	<i>Notes</i>	
Food vouchers and one time hygiene card	Vouchers	Reg:	5695	12 months	\$1520.00 per client per year maximum	
		MAI:				
		Rural:	120			
		<b>Total:</b>	<b>5815</b>			

**Priority 9: DEFA- Utility Assistance**

**Goal: To improve the quality of life of PLWH/A**

***Service Objective: To increase by 6% the total budget for this service; at the end of the grant year, the EMA will:***

<div>1. Provide emergency relief for utility and related assistance to PLWH/A who has an immediate need for support.</div> <div>2. Improve quality of services through site visits and regular meetings with providers.</div>	Targets				Time Frame	Budget	
	# of People		Totals				
	Reg:	849				Reg:	\$ 255,762
	MAI:	0				MAI:	\$ -
	Rural:	8				Rural:	\$ 3,955
	<b>Total:</b>	<b>858</b>				<b>Total:</b>	<b>\$ 259,717</b>

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<i>Service Components</i>	<i>Service Measure</i>	<i>Service Units</i>		<i>Time Frame</i>	<i>Notes</i>
Utility assistance vouchers	Vouchers	Reg:	1699	12 months	\$500 per client per year maximum
		MAI:			
		Rural:	17		
		<b>Total:</b>	<b>1716</b>		

**Table 10: GY 2004 Implementation Plan**

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Priority 10: AIDS Drug Assistance Program Contribution				Goal: To improve/maintain the health status of the PLWH/A.				
Service Objective: To ensure that approved HIV/AIDS pharmaceuticals or medications are available to PLWH/A in a timely manner.								
1. Provide HIV/AIDS drugs to PLWH/A who cannot afford to pay for them. 2. Facilitate the access to life saving medications through establishment of regular source of medication.	Service Measure	Targets					Budget	
		# of People		Totals				
		Reg:	0				Reg:	\$ -
		MAI:	0				MAI:	\$ -
		Rural:	0				Rural:	\$ -
		Total:	0				Total:	\$ -
Service Components		Service Measure	Service Units		Time Frame	Notes		
NOTE: ADAP SERVICES ARE FUNDED 100% BY RYAN WHITE II IN THE WASHINGTON, DC EMA						12 months		
Priority 11: Case Management-Discharge Planning			Goal: To coordinate care and facilitate access to HIV services.					
Service Objectives: To increase by 21% the total budget for this service; at the end of the grant year, the EMA will:								
1. Increase by 21% the number of incarcerated and recently PLWH/A to access medical and other services in the EMA; 2. Create a strategy by which PLWH/As who are being released from federal prisons		Targets					Budget	
		# of People		Totals				
		Reg:	350				Reg:	\$ 303,498

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3. are referred and linked to care upon return to the EMA. Improve quality of services provided through site visits and regular meetings.	MAI:	23				MAI:	\$	26,964
	Rural:	0				Rural:	\$	-
	<b>Total:</b>	<b>372</b>				<b>Total:</b>	\$	<b>330,462</b>
<i>Service Components</i>	<i>Service Measure</i>	<i>Service Units</i>		<i>Time Frame</i>	<i>Notes</i>			
Face to face contact	# of hours provided	Reg:	2100	12 months	6 visits per client per year			
		MAI:	138					
		Rural:	0					
		<b>Total:</b>	<b>2238</b>					

<b>Table 10: GY 2004 Implementation Plan</b>							
<b>EMA: Washington, DC EMA</b>							
<b>Prepared by: HIV/AIDS Administration</b>							
Telephone contacts, all types	# of telephone contact hours provided	Reg:	4200	12 months	12 client calls per client per year at minimum; collateral calls as needed		
		MAI:	138				
		Rural:					
		<b>Total:</b>	<b>4338</b>				
Referrals	# of referrals made	Reg:	2972	12 months	As needed		
		MAI:	192				
		Rural:					
		<b>Total:</b>	<b>3164</b>				
Comprehensive assessments/updates to care plan	# of assessments completed	Reg:	700	12 months	2 per client per year		
		MAI:	46				
		Rural:					
		<b>Total:</b>	<b>746</b>				
Provide, at a minimum, entitlement counseling encounters to PLWH/A who are in need of this assistance.	Entitlement counseling encounter	Reg:	700	12 months	2 per client per year		
		MAI:	46				
		Rural:					

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		Total:	746		
Priority 12: Transportation		Goal: Facilitate access to services for PLWH/As who has a need for transportation.			
Service objectives: Increase by 14% the total budget for transportation; at the end of the grant year, the EMA will:					
1. Provide to all eligible PLWH/A transportation vouchers needed to access vital services. 2. Improve quality of services through site visits and regular meetings with providers.	Targets				Budget
	# of People		Totals		
	Reg:	2,199			Reg: \$ 687,833
	MAI:	0			MAI: \$ -
	Rural:	14			Rural: \$ 22,008
	Total:	2,213			Total: \$ 709,841
Service Components	Service Measure	Service Units		Time Frame	Notes
Transportation vouchers	# of tokens, Metro passes, van rides, taxi rides	Reg:	6597	12 months	No cap
		MAI:			
		Rural:	41		
		Total:	6638		

**Table 10: GY 2004 Implementation Plan**

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<b>Priority 13: Food Bank, Water Filter, Hygiene products, Nutritional Supplements</b>					<b>Goal: Improve/maintain health status of PLWHA.</b>
<b>Service objective: Increase by 10% the total budget for this service; at the end of the grant year, the EMA will:</b>					
<ol style="list-style-type: none"> <li>Increase by 5% the number of PLWH/As who will avail of food items ; feminine hygiene products, filtered water and nutritional supplements.</li> <li>Improve quality of services through site visits and regular meetings with providers.</li> </ol>	Targets			Budget	
	# of People		Totals		
	Reg:	5,015		Reg:	\$ 398,916
	MAI:	0		MAI:	\$ -
	Rural:	6		Rural:	\$ 3,500
	<b>Total:</b>	<b>5,021</b>		<b>Total:</b>	<b>\$ 402,416</b>
<i>Service Components</i>	<i>Service</i>	<i>Service Units</i>		<i>Time Frame</i>	<i>Notes</i>

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	Measure							
Bags of groceries	# of bags distributed	Reg:	50155	12 months	10 bags per client per year minimum			
		MAI:						
		Rural:	60					
		Total:	50215					
Priority 14: Home Delivered Foods (meals & groceries)		Goal : Improve/maintain health status of PLWH/A.						
Service Obj: Increase by 19% the total budget for home delivered meals, groceries & supplements; at the end of grant year, the EMA will:								
<div>1. Provide nutritious and well-balanced meals to homebound PLWH/A and their dependents.</div> <div>2. Assess nutritional status and need of PLWH/A referred for home delivered services.</div> <div>3. Improve quality of services through site visits and regular meetings with providers.</div>		Targets				Budget		
		# of People		Totals				
		Reg:	988				Reg:	\$ 1,302,387
		MAI:	0				MAI:	\$ -
		Rural:	0				Rural:	\$ -
		Total:	988				Total:	\$ 1,302,387
Service Components	Service Measure	Service Units		Time Frame	Notes			
Meals and grocery bags delivery	# of meals and bags delivered	Reg:	512650	12 months	No cap			
		MAI:						
		Rural:						
		Total:	512650					
Nutritional assessments for recertification and intakes	# of assessments completed	Reg:	988	12 months	No cap			
		MAI:						
		Rural:						
		Total:	988					

Table 10: GY 2004 Implementation Plan	
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Priority 15: Nutritional Services (Counseling only)	Goal: Improve/maintain health status of PLWH/A.

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**Table 10: GY 2004 Implementation Plan**

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***Service Objectives: Increase by 10% the total budget for nutritional services; specifically at the end of the grant year, the EMA will:***

<ol style="list-style-type: none"> <li>1. Provide sustained and increased professional nutritional counseling services on an individual and/or group basis.</li> <li>2. Coordinate and distribute medically prescribed dietary supplements.</li> <li>3. Provide referrals to food assistance programs.</li> <li>4. Improve quality of services through site visits and regular meetings with providers.</li> </ol>	Targets				Budget	
	# of People		Totals			
	Reg:	3,330			Reg:	\$ 707,071
	MAI:	0			MAI:	\$ -
	Rural:	0			Rural:	\$ -
	<b>Total:</b>	3,330			<b>Total:</b>	\$ 707,071
<i>Service Components</i>	<i>Service Measure</i>	<i>Service Units</i>		<i>Time Frame</i>	<i>Notes</i>	
Individual counseling sessions	# of counseling hours provided	Reg:	6659	12 months	2 sessions per client minimum	
		MAI:				
		Rural:	0			
		<b>Total:</b>	<b>6659</b>			
Nutritional assessments for recertification and intakes	# of assessments completed	Reg:	6660	12 months	2 sessions per client minimum	
		MAI:				
		Rural:	0			
		<b>Total:</b>	<b>6660</b>			
Group education sessions	# of attendees per session	Reg:		12 months	As needed	
		MAI:				
		Rural:				
		<b>Total:</b>				
Referrals	# of referrals made	Reg:		12 months	As needed	
		MAI:				
		Rural:				
		<b>Total:</b>				
Vitamins and supplements	# of units of supplements and vitamins distributed	Reg:		12 months	As needed	
		MAI:				
		Rural:				
		<b>Total:</b>				

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HIV/AIDS Administration****Table 10: GY 2004 Implementation Plan****EMA: Washington, DC EMA****Prepared by:  
HIV/AIDS Administration****Priority 16: Treatment Adherence/Compliance****Goal: To maintain/maintain health status of PLWH/A.*****Service Objectives: Increase by 29% the total budget for this service; at the end of the grant year, the EMA will:***

1. Increase by 20% sustained education hours available to PLWH/A on an individual or group basis to ensure that complex and stringent drug regimens are followed and adhered to. 2. Conduct thorough assessment of need and identify factors that may interfere with medication protocols. 3. Improve quality of services through site visits and regular meetings with providers.	Targets					Budget	
	# of People		Totals				
	Reg:	1294				Reg:	\$ 359,085
	MAI:	0				MAI:	\$ -
	Rural:	6				Rural:	\$ 200
	<b>Total:</b>	1300				<b>Total:</b>	\$ 359,285
Service Components		Service Measure	Service Units		Time Frame	Notes	
Individual education hours		# of education hours provided	Reg:	8279	12 months	6 individual session hours at minimum	
			MAI:	0			
			Rural:	38			
			<b>Total:</b>	8318			
Group education hours		# of group hours conducted	Reg:		12 months	24 group session hours at minimum	
			MAI:				
			Rural:				
			<b>Total:</b>				
Assessment sessions		# of assessments completed	Reg:	2587	12 months	2 sessions per client minimum	
			MAI:	0			
			Rural:	12			
			<b>Total:</b>	2599			

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Priority 17: DEFA-Telephone Assistance			Goal: To promote well being of PLWH/A/A.			
Service Objectives: To maintain level of effort in this service category; at the end of the grant year, the EMA will:						
1. Provide emergency relief to pay for telephone bill to enable PLWH/A to continue to stay connected to their service providers. 2. Improve quality of services through site visits and regular meetings with providers.	Targets				Budget	
	# of People		Totals			
	Reg:	370			Reg:	\$ 93,159
	MAI:	0			MAI:	\$ -
	Rural:	6			Rural:	\$ 1,450
	Total:	376			Total:	\$ 94,609

Table 10: GY 2004 Implementation Plan								
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Service Components	Service Measure	Service Units		Time Frame	Notes			
Telephone utility vouchers	# of vouchers provided	Reg:	370	12 months	\$300 maximum per client per year			
		MAI:						
		Rural:						
		Total:	376					
Priority 18: Outreach Referral to Primary Care & Related Services			Goal: Reduce disparity in access to care.					
Service objectives: Increase by 17% the total budget for this service; at the end of the grant year, the EMA will:								
1. Increase by 68% the number of PLWH/A who are reached or linked to primary medical care. 2. Increase by 2 % the number of new PLWH/As who are referred to primary medical services. 3. Conduct follow-up contacts to PLWH/A who were referred to primary medical and other services, through home visits, telephone contacts, etc. 4. Improve quality of services through site visits and regular meetings with providers.		Targets				Budget		
		# of People		Totals				
		Reg:	1,873				Reg:	\$ 547,105
		MAI:	248				MAI:	\$ 40,227
		Rural:	1				Rural:	\$ 650
		Total:	2,122				Total:	\$ 587,982

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Service Components	Service Measure	Service Units		Time Frame	Notes
Face to face contact	# of units of contacts made	Reg:	6555	12 months	3 per client per year at minimum
		MAI:	868		
		Rural:	4		
		<b>Total:</b>	<b>7427</b>		
Telephone contacts, all types	# of units of telephone contacts	Reg:	3746	12 months	2 per client at minimum
		MAI:	496		
		Rural:	2		
		<b>Total:</b>	<b>4244</b>		
Referrals	# of referrals made	Reg:	1873	12 months	As needed
		MAI:	248		
		Rural:	1		
		<b>Total:</b>	<b>2122</b>		
Home visits	# of units of visits made	Reg:	468	12 months	As needed
		MAI:	62		
		Rural:	0		
		<b>Total:</b>	<b>530</b>		

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Priority 19: Peer/Para Professional Counseling				Goal: Promote social and mental well being of the PLWH/A.			
Service Objectives: Increase by 5% the total funding for this service; at the end of the grant period, the EMA will:							
1. Increase by 14% the number of PLWH/A who will benefit from structured interventions to enable building of social networks, enhance emotional support, and share information in group and peer settings. 2. Improve quality of services through site visits and regular meetings with providers.	Targets				Budget		
	# of People		Totals				
	Reg:	1134				Reg:	\$ 172,696
	MAI:	0				MAI:	\$ -
	Rural:	0				Rural:	\$ -

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		Total:	1134				Total:	\$	172,696
Service Components		Service Measure	Service Units		Time Frame		Notes		
Peer counseling	# of counseling hours provided	Reg:	34025		12 months	30 counseling hours per client at minimum			
		MAI:	0						
		Rural:	0						
		Total:	34025						
Priority 20: Babysitting/Childcare		Goal: Promote well being of the PLWH/A through social support structures.							
Service Objectives: Increase by 5 % the total budget for this service; the end of the grant period, the EMA will:									
1. Increase by 1.3% the number of child care hours available to PLWH/A with children and are in need of this service so they keep essential medical and other related appointments.		Targets					Budget		
		# of People		Totals					
		Reg:	530				Reg:	\$	184,189
		MAI:	0				MAI:	\$	-
		Rural:	0				Rural:	\$	-
		Total:	530				Total:	\$	184,189
Service Components		Service Measure	Service Units		Time Frame		Notes		
Childcare hours	# of childcare hours provided	Reg:	5297		12 months	As needed			
		MAI:							
		Rural:							
		Total:	5297						

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EMA: Washington, DC EMA									
								Prepared by: HIV/AIDS Administration	
Priority 21: Rehab Care (Complimentary Therapy/Acupuncture)						Goal: Promote physical well being of PLWH/A.			
Service Objective: Increase by 2% the total budget for this service; at the end of the grant year, the EMA will:									
1.	Maintain level of effort to provide non-traditional therapeutic regimens which will augment conventional therapy and help manage some of the complications of	Targets					Budget		
		# of People		Total					

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2.     disease management like pain, stress, etc. Improve quality of services through site visits and regular meetings with providers.	Reg:	884			Reg:	\$	213,827
	MAI:	0			MAI:	\$	109,756
	Rural:	4			Rural:	\$	11,250
	<b>Total:</b>	<b>888</b>			<b>Total:</b>	<b>\$</b>	<b>334,833</b>
<i>Service Components</i>		<i>Service Measure</i>	<i>Service Units</i>		<i>Time Frame</i>	<i>Notes</i>	
Therapeutic massages	# of massages provided	Reg:	1769	12 months	As needed		
		MAI:					
		Rural:	8				
		<b>Total:</b>	<b>1777</b>				
Acupuncture	# of acupunctures provided	Reg:	1769	12 months	As needed		
		MAI:					
		Rural:	8				
		<b>Total:</b>	<b>1777</b>				

**Table 10: GY 2004 Implementation Plan**

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**Priority 22: OSS Crisis Intervention**

**Goal: Promote well being through social support structures.**

***Service objectives: Increase by 118% the total budget for this service; at the end of the grant period, the EMA will:***

1. Increase the number of service encounter hours by 39% available to PLWH/A to access mental health care providers for guidance, support, and other interventions to avert crisis.	2. Improve the quality of services through site visits and regular meetings with providers.	Targets					Budget	
		# of People		Total				
		Reg:	680				Reg:	\$ 192,809
		MAI:	0				MAI:	\$ -
		Rural:	0				Rural:	\$ -
		Total:	680				Total:	\$ 192,809
Service Components		Service Measure	Service Units		Time Frame	Notes		
Face to face encounters		# of hours of	Reg:	1428	12 months	As needed		

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	F-t-F encounters	MAI:					
		Rural:					
		Total:	1428				
Telephone assistance	# of telephone contact hours provided	Reg:	4352		As needed		
		MAI:					
		Rural:					
		Total:	4352	12 months			
Priority 23: OSS Legal Services		Goal: Promote well being of the PLWH/A through social support structures.					
Service Objectives: Maintain level of effort for legal services; at the end of the grant year, the EMA will:							
1. Provide a minimum of 10 legal hours to PLWH/A who are in need of legal assistance in the areas of child custody, discrimination, immigration, and development of wills and durable power of attorney, and other legal tenders.  2. Improve the quality of services through site visits and regular meetings with providers.	Targets				Budget		
	# of People		Total				
	Reg:	463				Reg:	\$ 234,369
	MAI:	0				MAI:	\$ -
	Rural:	12				Rural:	\$ -
	Total:	475				Total:	\$ 234,369

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Service Components	Service Measure	Service Units		Time Frame	Notes
Legal services hours	# of hours provided	Reg:	4630	12 months	As needed
		MAI:			
		Rural:			
		Total:	4630		
Priority 24:Early Intervention		Goal: Improve or maintain health status outcomes of PLWH/A.			
Service objectives: No allocation was give to this service this grant year.					
1. Provide intensive case finding of newly diagnosed PLWH/A to link them to lifesaving		Targets			Budget

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interventions like medical care and medications.	# of People		Total			
	Reg:	0				
	MAI:	0				
	Rural:	0				
	<b>Total:</b>	<b>0</b>				
<i>Service Components</i>		<i>Service Measure</i>	<i>Service Units</i>		<i>Time Frame</i>	<i>Notes</i>
No allocation was given to this service for this grant year.			Reg:		12 months	
			MAI:			
			Rural:			
			<b>Total:</b>			

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Priority 25: Health Education/Risk Reduction				Goal: Increase awareness of HIV disease, and its associated risks.					
Service Objectives: Increase by 12% the total budget for this service; at the end of the grant year, the EMA will:									
1. Provide a minimum of 2 education hours per client to increase awareness of preventing transmission of the virus, the pathogenesis of HIV and the associated knowledge base.  2. Improve quality of service through site visits and regular meetings with providers.	Targets					Budget			
	# of People		Total						
	Reg:	302				Reg:	\$ 67,338		
	MAI:	0				MAI:	\$ -		
	Rural:	15				Rural:	\$ 250		
	Total:	317				Total:	\$ 67,588		
Service Components			Service Measure	Service Units		Time Frame	Notes		
Health education hours			# of hours	Reg:		604	12 months	2 hours per client at minimum	

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	provided	MAI:					
		Rural:	30				
		Total:	634				
Priority 26: Housing and Residential Counseling		Goal: Promote well being of PLWH/A through social support structures.					
Service Objectives: No budget allotted for this service this year.							
1. Ensure that the PLWH is able to adjust and cope in a group residential setting so that the rigorous demands of living with HIV/AIDS is facilitated and made easier. 2 Provide opportunities to improve service through site visits and regular meetings with providers.	Targets				Budget		
	# of People		Service Units				
	Reg:	0				Reg:	\$ -
	MAI:	0				MAI:	\$ -
	Rural:	0				Rural:	\$ -
	Total:	0				Total:	\$ -

Table 10: GY 2004 Implementation Plan					
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Service Components	Service Measure	Service Units		Time Frame	Notes
Counseling hours	# of counseling hours provided	Reg:	0	12 months	
		MAI:			
		Rural:	0		
		Total:	0		
Telephone contacts, all types	# of telephone contact hours provided	Reg:	0	12 months	
		MAI:			
		Rural:	0		
		Total:	0		

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Referrals	# of referrals made	Reg:	0	12 months			
		MAI:					
		Rural:	0				
		Total:	0				
Group session hours	# of group hours conducted	Reg:	0	12 months			
		MAI:					
		Rural:	0				
		Total:	0				
Priority 27: OSS Water Filters		Goal: Improve or maintain health status outcomes of PLWH/A.					
Service Objectives: No budget allocation for this service this year.							
1. Provide water filters to PLWH/A to ensure that a safe supply of potable water is available. 2. Improve quality of services through site visits and regular meetings with providers.	Targets			Time Frame	Budget		
	# of People		Total				
	Reg:	As needed				Reg:	\$ -
	MAI:					MAI:	\$ -
	Rural:					Rural:	\$ -
	Total:	As needed				Total:	\$ -

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Service Components	Service Measure	Service Units		Time Frame	Notes
Water filters	# of filters provided	Reg:	As	12 months	
		MAI:	Needed		
		Rural:			
		Total:			
Priority 28: HHC- Professional Nursing Services		Goal: Improve or maintain health status outcomes of PLWH/A.			
Service Objectives: Increase by 15% the budget for this service; at the end of the grant year, the EMA will:					

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<div>1. Increase by 8% the number of professional nursing hours available to PLWH/A who are in need of such services.</div> <div>2. Improve quality of service through site visits and regular meetings with providers.</div>	Targets						Budget	
	# of People		Totals					
	Reg:	164					Reg:	\$ 83,037
	MAI:	0					MAI:	\$ -
	Rural:	4					Rural:	\$ 2,200
	Total:	168					Total:	\$ 85,237
Service Components		Service Measure	Service Units		Time Frame		Notes	
Skilled nursing hours		# of nursing hours provided	Reg:	1807	12 months	10 hours per client at minimum		
			MAI:					
			Rural:					
			Total:	1807				
Priority 29: OSS Interpreter Services		Goal: Promote well being of the PLWH/A through social support structures.						
Service Objectives: Maintain level of effort for interpreter services; at the end of the grant year, the EMA will:								
<div>1. Provide a minimum of 2 interpreter service hours to PLWH/A who are unable to communicate in the spoken language.</div> <div>2. Improve quality of services through site visits and regular meetings with providers.</div>	Targets						Budget	
	# of People		Total					
	Reg:	179					Reg:	\$ 89,258
	MAI:	0					MAI:	\$ -
	Rural:	0					Rural:	\$ -
	Total:	179					Total:	\$ 89,258

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<i>Service Components</i>	<i>Service Measure</i>	<i>Service Units</i>		<i>Time Frame</i>	<i>Notes</i>
Interpreter hours	# of interpreter hours	Reg:	323	12 months	2 hours per client at minimum
		MAI:			
		Rural:			

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	provided	Total:	323				
Priority 30: HCC Personal Care Aides		Goal: Improve/maintain health status outcomes of PLWH/A.					
Service Objectives: Increase by 17% the total budget for this service; at the end of the grant year, the EMA will:							
1. Increase by 25% the number of personal care hours available to PLWH/A who are in need of this service.  2. Improve quality of services through site visits and regular meetings with providers.	Targets				Budget		
	# of People		Total				
	Reg:	62				Reg:	\$ 139,235
	MAI:	0				MAI:	\$ -
	Rural:	4				Rural:	\$ 4,350
	Total:	66				Total:	\$ 143,585
Service Components		Service Measure	Service Units		Time Frame	Notes	
Personal care hours	# of personal care hours provided	Reg:	2183	12 months	35 care hours per client		
		MAI:					
		Rural:					
		Total:	2183				

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					Prepared by: HIV/AIDS Administration		
Priority 31: Care-Day Treatment			Goal: Improve well being of PLWH/A through a structured support system.				
Service Objectives: Increase by 5% the total budget for this service; at the end of the grant year, the EMA will:							
1. Provide a minimum of 10 hours of day treatment to PLWH/A in a structured setting with a menu of services which includes, but not limited to case management, mental health treatment, substance abuse counseling, training in wellness and independent living, vocational, recreational and related services. 2. Provide opportunities to improve quality of services through site visits and regular meetings with providers.	Targets				Budget		
	# of People		Totals				
	Reg:	378				Reg:	\$ 241,393
	MAI:	0				MAI:	\$ -
	Rural:	0				Rural:	\$ -
	Total:	378				Total:	\$ 241,393

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Service Components	Service Measure	Service Units		Time Frame	Notes			
4 - hour day sessions	# of hours provided	Reg:	4159	12 months	10 hours per client at minimum			
		MAI:						
		Rural:						
		Total:	4159					
Priority 32: Hospice Services (In-Home & Residential)		Goal: Improve or maintain health status outcomes of PLWH/A.						
Service Objectives: Increase by 5% the total budget for this service; at the end of the grant year, the EMA will:								
1. Increase by 5% the care giving hours available to the PLWHA who are in need of this service. 2. Improve the quality of services through site visits and regular meetings with providers.		Targets					Budget	
		# of People		Total				
		Reg:	12				Reg:	\$ 27,012
		MAI:	0				MAI:	\$ -
		Rural:	0				Rural:	\$ -
		Total:	12				Total:	\$ 27,012

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Service Components		Service Measure	Service Units		Time Frame	Notes		
Skilled nursing hours	# of skilled nursing hours provided	Reg:	159	12 months	10 hours per client			
		MAI:						
		Rural:						
		Total:	159					
Social work hours	# of social work hours provided	Reg:	1262	12 months	As needed			
		MAI:						
		Rural:						
		Total:	1262					
Priority 33: Day/Respite Care		Goal: Promote well being of the PLWH/A through social support structures.						
Service Objectives: Increase by 14% the total budget for this service; at the end of the grant year, the EMA will:								
1. Provide a minimum of 5 respite care hour per client for periodic relief, relaxation and rest for caregivers. 2. Improve quality of services through site visits and regular meetings with providers.		Targets					Budget	
		# of People		Total				
		Reg:	102				Reg:	\$ 109,580
		MAI:	0				MAI:	\$ -
		Rural:	4				Rural:	\$ 4,350
		Total:	106				Total:	\$ 113,930
Service Components		Service Measure	Service Units		Time Frame	Notes		
Respite care hours	# of respite care hours provided	Reg:	511	12 months	5 respite care hours minimum			
		MAI:	0					
		Rural:	20					
		Total:	531					

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Table 10: GY 2004 Implementation Plan								
EMA: Washington, DC EMA								
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Priority 34: Bereavement Counseling				Goal: Promote emotional well being through social support structures.				
Service Objectives: Provide bereavement counseling at current level to PLWH/A and family members; at the end of the grant year, EMA will:								
1. Provide support and comfort at the time of loss and mourning to persons affected with HIV/AIDS and their significant others. 2. Improve quality of services through site visits and regular meetings with providers.		Targets					Budget	
		# of People		Totals				
		Reg:	124				Reg:	\$ 16,419
		MAI:	0				MAI:	\$ -
		Rural:	0				Rural:	\$ -
		Total:	124				Total:	\$ 16,419
Service Components		Service Measure	Service Units		Time Frame	Notes		
Pastoral counseling hours		# of counseling hours provided	Reg:	619	12 months	As needed		
			MAI:	0				
			Rural:	0				
			Total:	619				
Priority 35: Capacity Building		Goal: Improve organizational capacity of RW services providers.						
Service Objectives: Increase by 6% the budget for this service; at the end of the grant year, the EMA will:								
1. Provide training and skills enhancement opportunities to CBO's to increase fiscal accountability, enhance personnel and organizational infrastructure and meet programmatic requirements like evaluation, preparing reports, and others. 2. Improve quality of service through site visits and regular meetings with providers.		Targets					Budget	
		# of People		Total				
		Reg:					Reg:	\$ 168,547
		MAI:					MAI:	\$ 115,274
		Rural:					Rural:	\$ -
		Total:					Total:	\$ 283,821
Service Components		Service Measure	Service Units		Time Frame	Notes		
Skills training hours		# of training	Reg:	0	12 months	As needed		

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	hours provided	MAI:			
		Rural:			
		<b>Total:</b>	<b>0</b>		

Table 10: GY 2004 Implementation Plan										
EMA: Washington, DC EMA										
						Prepared by: HIV/AIDS Administration				
Priority 36: Adoption/Foster Care/Permanency Planning					Goal: Promote well being of PLWH/A through social support structures.					
Service Objectives: Provide adoption service at current level of effort; at the end of the grant year, the EMA will:										
1. Provide home placement for children of PLWH/A who are unable to care for them due to illness. 2. Improve quality of care through site visits and regular meetings with providers.				Targets				Budget		
				# of People		Total				
				Reg:	88				Reg:	\$ 37,501
				MAI:	0				MAI:	\$ -
				Rural:	0				Rural:	\$ -
				Total:	88				Total:	\$ 37,501
Service Components				Service Measure	Service Units		Time Frame	Notes		
Legal service hours				# of legal service hours provided	Reg:	79	12 months	As needed		
					MAI:					
					Rural:					
					Total:	79				
Counseling hours				# of counseling hours provided	Reg:	1322	12 months	10 counseling hours		
					MAI:					
					Rural:					
					Total:	1322				
Priority 37: OSS-Volunteer Coordination					Goal: To augment care giving and assistance to PLWH/A.					
Service Objectives: Increase by 8% the total budget or this service; at the end of the grant year, the EMA will:										
1. Recruit, train, and employ volunteers who can provide companionship, individual				Targets				Budget		

**ATTACHMENT J****Table 10: GY 2004 Implementation Plan****EMA: Washington, DC EMA***FY2005 Ryan White Title I Regional Grant***Prepared by:  
HIV/AIDS Administration**

counseling and assistance to do routine chores for PLWH/A. 2. Recruit train, employ volunteers to help in administrative/other duties to augment current staff to optimize use of resources. 3. Improve quality of services through site visits and regular meetings with providers.	# of People		Totals			
	Reg:	245			Reg:	\$ 100,624
	MAI:	0			MAI:	\$ -
	Rural:	0			Rural:	\$ -
	<b>Total:</b>	<b>245</b>			<b>Total:</b>	<b>\$ 100,624</b>

**Table 10: GY 2004 Implementation Plan****EMA: Washington, DC EMA****Prepared by:  
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<i>Service Components</i>	<i>Service Measure</i>	<i>Service Units</i>		<i>Time Frame</i>	<i>Notes</i>	
Volunteer support hours provided to clients	# of direct volunteer hours provided	Reg:	13459	12 months	50 hours per year	
		MAI:				
		Rural:				
		Total:	13459			
eer hours	# of indirect volunteer hours	Reg:	4160	12 months	50 hours per year	
		MAI:				
		Rural:				
		Total:	4160			
Priority 38: XPRES		Goal: Promote fiscal responsibility and accountability among providers.				
Service Objectives: Increase by 7% the total budget for this service; specifically, at the end of the grant year, the EMA will:						
1. Collect and report client services provided in a timely and accurate manner. 2. Improve the quality of service through site visits and regular meetings with providers.		Targets		Time Frame	Budget	
		# of People			Service Units	
					Reg:	\$ 672,649
					MAI:	\$ 81,054
					Rural:	\$ 9,772
					Total:	\$ 763,475
<i>Service Components</i>	<i>Service Measure</i>	<i>Service Units</i>		<i>Time Frame</i>	<i>Notes</i>	

<b>ATTACHMENT J</b>							
<b>Table 10: GY 2004 Implementation Plan</b>							
<b>EMA: Washington, DC EMA</b>							
<i>FY2005 Ryan White Title I Regional Grant</i>						<b>Prepared by: HIV/AIDS Administration</b>	

Reports	# of reports extracted	N/A		13 reports		12 monthly reports and 1 CADR at minimum	
<b>Priority 39: Buddy/Companion Services</b>							
<b>Goal: Improve the quality of life of PLWH/A through companionship or support in time of need.</b>							
Objective/s <b>NOTE NO FUNDING ALLOCATION WAS GIVEN TO THIS SERVICE CATEGORY FOR YR. 14.</b>	Service Measure	Targets			Time Frame	Budget	
		# of People		Service Units			
						Reg:	\$ -
						MAI:	\$ -
						Rural:	\$ -
						<b>Total:</b>	\$ -

Table 10: GY 2004 Implementation Plan				
EMA: Washington, DC EMA				
				Prepared by: HIV/AIDS Administration
OFF - THE - TOP		Goals: Support administrative and fiscal requirements of RW Title programs		
Service Objectives: Increase by 19% EMA- initiative for planning, implementation and evaluation of RW Title I programs; at the end of the grant year, EMA will:				
Service category	Specific Objectives		Budget	
PWA Advocacy	1. Increase PLWH/A active participation and retention in committee work and other initiatives of the EMA and the Planning Council.  2. Provide training and enrichment activities to PLWH/A through planned group and individual sessions and activities.	Reg:	\$	225,000
		MAI:	\$	-
		Rural:	\$	-
		Total:	\$	225,000
Information Referral	1. Provide opportunities to increase awareness of developments in HIV disease care and management through planned group and individual sessions and activities.	Budget		
		Reg:	\$	225,000
		MAI:	\$	-
		Rural:	\$	-
		Total:	\$	225,000

ATTACHMENT J	
Table 10: GY 2004 Implementation Plan	
EMA: Washington, DC EMA	
FY2005 Ryan White Title I Regional Grant	Prepared by: HIV/AIDS Administration

Focus Group	1. Assess current needs, aspirations, and issues related to HIV services and care through community input in a structured approaches like focus group interview surveys.	Budget	
		Reg:	\$ 25,000
		MAI:	\$ -
		Rural:	\$ -
		<b>Total:</b>	<b>\$ 25,000</b>
Planning Council Support	1. Provide administrative support to Planning Council activities and initiatives related to the planning, implementation, and evaluation of RW Title I services and programs.	Budget	
		Reg:	\$ 650,000
		MAI:	\$ -
		Rural:	\$ -
		<b>Total:</b>	<b>\$ 650,000</b>
Regional Data Support	No allocation for this year.	Reg:	\$ -
		MAI:	\$ -
		Rural:	\$ -
		<b>Total:</b>	<b>\$ -</b>
Evaluation	No allocation for this year.		\$ -
MAI - EMA Wide	1. Provide PLWH/A of Hispanic origin access to services in a setting that will provide culturally sensitive and appropriate medical and support services throughout the EMA.	MAI	\$ 47,716.00

Table 10: GY 2004 Implementation Plan			
EMA: Washington, DC EMA			
Prepared by: HIV/AIDS Administration			
MAI- Capacity Building	1. Provide organizational support to MAI providers to develop or improve culturally sensitive and appropriate interventions that may benefit PLWH/A in the EMA.	MAI	\$ 200,000.00

## **ATTACHMENT K**

### **Eligible Metropolitan Area (EMA)-Wide Assurance Checklist**

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#### **(District of Columbia, Suburban Maryland, & Suburban Virginia)**

NAME OF ORGANIZATION: \_\_\_\_\_

Applicants are required to submit **one (1)** unbound original and **two (2)** copies of certifications, affidavits, and assurances in three (3) separate, sealed envelopes. The assurance checklist should be placed in the envelope of each packet. The outside of each envelope must be conspicuously marked as follows:

1. Assurances in response to Title I of the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act and Local DC Funding Grant.
2. Whether content is “original” or “copy”.

#### **Certifications to include:**

- \_\_\_ 1. Certification Regarding Lobbying; Debarment, Suspension and Other Responsibility Matters; and Drug-Free Workplace Requirements (Attachment B)
- \_\_\_ 2. Signed Federal Assurances (Attachment C)

#### **Evidence of Insurance to include:**

##### **Table of Contents: Pages must be consecutively numbered.**

- \_\_\_ 1. Commercial General Liability
- \_\_\_ 2. Professional Liability
- \_\_\_ 3. Comprehensive Automobile Insurance
- \_\_\_ 4. Worker’s Compensation Insurance

#### **Licenses to include:**

- \_\_\_ 1. Home Health Medical/Home Hospice.
  - \_\_\_ 2. Certificate of Occupancy.
  - \_\_\_ 3. Medicaid Certification.
  - \_\_\_ 4. 501 (C)(3) Certification. For non-profit organizations
  - \_\_\_ 5. Articles of incorporation and corporate by-laws; partnership or joint venture agreement if applicable.
  - \_\_\_ 6. For-profit organizations must submit a copy of any current license, registration or certificate to transact business in the relevant jurisdiction, including a certificate of occupancy.
  - \_\_\_ 7. Audits and Financial Statements
  - \_\_\_ 8. Certificate of good standing from local tax authority.
  - \_\_\_ 9. Copy of operating policies and procedures and patient handbook or statement of client rights and responsibilities.
  - \_\_\_ 10. Client Eligibility Criteria: Protocol used to verify that clients are eligible for Ryan White CARE Act funded services, including a sliding fee scale, if applicable.
  - \_\_\_ 11. Provide the policies and/or protocols used to protect the confidentiality of clients.
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## **ATTACHMENT K**

### **Eligible Metropolitan Area (EMA)-Wide Assurance Checklist**

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\_\_\_12. Evidence of organizational Compliance with HIPAA regulations.

\_\_\_13. Copy of internal client grievance procedures.

Print Name of Applicant Representative: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Date: \_\_\_\_\_

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